Borough of Shrewsbury.

FLOREAT SALOPIA.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1925.

A. D. SYMONS, M.D., D.P.H.

SHREWSBURY:
BROWN & BRINNAND, LTD., 5a, CLAREMONT STREET.

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BOROUGH OF SHREWSBURY.

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THE MAYOR (Mr. Councillor Bromley) *

Mr. Alderman Davies.*
Mr. Councillor Cole.*
,, ,, Jackson.*
,, ,, Perks.*
,, ,, Whittaker.

Mr. Alderman How.
Mr. Councillor Downes.
,, ,, Maddison.
,, ,, Smout.*
,, ,, Woollam.

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* Also members of the Housing Acts Committee of which Mr. Alderman Deakin is Chairman, together with Mr. Alderman Pace, and Councillors Glover and Major.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health. **School Medical Officer.** **Medical Officer for Maternity and Child Welfare.** **Medical Superintendent of Isolation Hospital.**	† A. D. Symons, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Sanitary Inspectors:	*†Thomas Speake, C.R.S.I. *†W. H. Purslow, C.R.S.I.
Health Visitors:	†Miss F. E. Brett, Cert.S.I. Exam.Bd , Dip. Nat. Health. †Miss A. Raven, C.M.B., Cert. S.I.Exam.Bd., Dip. Nat. Health.
Matron of Isolation Hospital:	Miss A. K. Ellis.
School Nurse:	†Miss J. Arnott, C.M.B. (Resigned December 1925).
Chief Clerk and Laboratory Assistant:	†G. Nicholas.
Assistant Clerks:	†Miss L. L. Lewis. C. J. Statham.
Abattoir Superintendent and Meat Inspector:	*Frank Farrell.

Part Time Officers.

Medical Officer of Ante-Natal Clinic:	R. L. E. Downer, M.D., B.S., M.R.C.S., L.R.C.P.
Dental Officer Maternity and Child Welfare:	E. W. Hatton Owen, L.D.S.
Food and Drugs Inspector:	W. C. Heas.
Public Analysts:	A. Bostock Hill, M.D., D.P.H., F.I.C. W. T. Rigby, F.I.C.

* Qualified Meat Inspectors.

† Contribution towards salary made under Public Health Acts or by Exchequer grants.

PUBLIC HEALTH DEPARTMENT,
74, WYLE COP,
SHREWSBURY,

May, 1926.

To the Mayor, Aldermen and Councillors of the Borough of Shrewsbury.

MR. MAYOR AND GENTLEMEN,

I have the honour to present to you as my first annual report on the health of the Borough during the year 1925, a report which, as required by the Ministry of Health, is a Survey Report dealing with the progress of Public Health activities of the past five years.

As it is unlikely that all members of the Council will have the time or inclination to peruse exhaustively the subject matter and tabular details contained therein, I propose in this introductory letter to set out the chief developments that have taken place in the last five years affecting the Public Health, and also to indicate lines of future possible progress and policy, as soon as financial circumstances enable such objects, if decided upon, to be obtained.

Perhaps it is well, briefly to take stock of the position of Public Health work to enable us to see what has been done in the past, and the future direction of our efforts.

The value resulting from the saving of life or the prevention of disease is not accurately assessable, nor is there any dramatic sight to see or definite concrete evidence always, but scientific knowledge informs us of the possibilities that might occur from apathy, ignorance or neglect to take due precautions.

Life is dependant on two main factors, namely, Food and Environment, and Health which is a function of Life depends on the type of food and the type of environment combined.

In this country which has been a pioneer country as regards Public Health matters, efforts in the past were mainly concentrated on the improvement of the environment of the people, and though this still continues, there is now a definite movement concentrating on the individual, his food supply as well as on his environment.

Such diseases as typhus and typhoid fever have been practically obliterated, owing to the attention paid to sanitation in the past which includes, sewage disposal, scavenging, street cleansing and the purification of the water supplies.

Such sanitary measures benefited the community as a whole, and later developments have aimed at a more direct protection of the individual from harmful influences. The improved housing of the people, brought about by the enforcement of certain requirements to ensure that there shall be adequate lighting, air space and accommodation for each house, has had a considerable share in reducing the mortality from Tuberculosis.

The provision of Sanatoria, Isolation Hospitals, Venereal Disease Clinics, Maternity and Child Welfare Centres, and the Medical Inspection of School Children, together with the various regulations protecting Factory and Industrial workers from injury to health, are all preventive measures affecting individual lives.

And then there is the safeguarding of the food supplies of the people.

A pure water supply is obtainable almost everywhere.

The milk supply though far from perfect is safeguarded in many directions. It is analysed to detect dirt, chemical preservatives, adulteration, and for the presence of the germs of Tuberculosis.

Unsound food imported or otherwise is condemned and is not allowed to be consumed.

Meat carcases are examined and if diseased are destroyed. Recently Clean Meat Regulations have been issued by the Ministry of Health to prevent the contamination of meat exposed for sale, by dirt, dust or unclean handling, and in the near future further regulations are to be brought into force with regard to the supply of Clean milk, as well as regulations dealing with preservatives in food.

All these enactments are to the good and have a direct bearing on health.

But what are the future lines of progress

There is a tendency in many quarters to try and prevent disease by protective inoculations with vaccines for different diseases, but valuable though such a course may be in certain cases and for certain groups of individuals, it should not be applicable to the community as a whole, because it is not true prevention and does not strike at the root of matters, but only meets disease half-way. Germs we shall and must always have with us, and some of us can gradually become immunised against them naturally, but if all and sundry are to be protected against invasion by certain pathogenic bacteria, although freed from danger of attack of such bacteria, we shall probably become the prey to other diseases of equal morbidity, because the mere fact of being protected may give rise to a sense of false security, so that the individual might be tempted to indulge in faulty habits of living, rendering the last state of that man worse than the first.

The real future of Preventive Medicine lies along the path of propaganda, and enlightenment by education in health matters.

People must be taught as to what are the laws of hygiene and how they should be obeyed.

Now is the time to decide on the most fruitful and effective form of propaganda, and the choice can lie along four paths, namely by Platform, Pamphlet and Poster, Personal Instruction and the Press. Their values vary. Lectures from a platform were popular in the Victorian era, but in these days of wireless installations in every type of home, it is difficult to secure an audience that does not almost wholly consist of the already converted. Health pamphlets do a certain amount of good but savour too much of the tract to be thoroughly efficacious.

Personal instruction given by the right people, and not by faddists or cranks is a very valuable method, and in this respect it should be noted that this is one of the main duties of Health Visitors, who must not only have received a full and adequate general training, but special instruction in the laws of healthy living, in order that they may be thoroughly conversant with what they are teaching.

And lastly, there is the power of the Press, which is probably of greater value than any, owing to the wide circulation of newspapers, and the psychological fact that very often what appears in a newspaper is accepted as true by the majority of people.

An illustration of the need for health education is apparent when it is realised that the full value of well planned houses is lost, if people do not make proper use of them. They must be told about the wonderful health giving properties of sunlight and fresh pure air, and be taught to allow these healers to enter their homes.

It is of little avail to provide a clean and pure food supply if the people are ignorant of food values. They must be shown which are the health giving, body building foods as contrasted with mere fuel foods, and nowhere is this so important as in the case of women, whose function it is not only to rear their infants with the natural nutriment of the breast, the quality of which depends on the character of the food consumed by the mother, but also because it is the woman's task to feed the growing family as well as the breadwinner, and she is the one who should have an intimate knowledge of the values of different foodstuffs.

In this present age the art of preparing nourishing food is not what it was, chiefly owing to increasing urbanisation which entails the storage of foods in tins and other receptacles, and one direction in which this can be circumvented is by the provision of gardens and allotments in which fresh food can be produced.

The era of preserved food must go, we must get back to the common sense of our forefathers, and we must banish the mendacious statements of the grasping capitalist which appear on tins, bottles and hoardings, to delude the credulous, the ignorant, as well as the innocent. Decay of the teeth, indigestion, appendicitis, and some forms of rheumatism, so widely prevalent are attributable to improper diet.

National legislation has been and is attempting to secure decent housing and clean pure food, but little attention has been paid to securing clean pure air to breathe, and the smoke evil, so evident to our foreign visitors, has far reaching effects on the general health, not only as a contributory cause of respiratory diseases, but because the curtain of smoke, chiefly from domestic chimneys, robs us of a definite amount of sunlight.

A coal fire is a very healthy method of heat generation, not only because of the form of radiant energy imparted by it, but also owing to the excellent ventilating effect it has on the atmosphere of a room, but the present type of fuel in the form of raw coal is wasteful, and the resultant smoke is damaging to property and injurious to health. We must look forward to and work for the advent of a smokeless fuel.

……

The progress made in Public Health matters during the past five years, apart from the consolidation and improvement of the services already in existence, may be depicted in diary form as follows.

1921. Establishment of Joint Hospital Board.
Agreement made with Victoria Nursing Association *re* Maternity Home.
New Houses erected by the Council 101.
1922. Drastic economy cuts in Maternity and Child Welfare expenditure.
New Houses erected by Council 100.
1923. Provision of a plant for filtering, ærating, re-heating and circulating the water in the swimming baths.
Overhauling of Bell's pressure filters for Severn water.
Underdrainage of irrigation areas at the Sewage Farm.
Opening of new Isolation Hospital at Monkmoor to accommodate 26 patients.
Installation of steam vat at Abattoir for sterilising and rendering down condemned meat.
New Houses erected by the Council 5.
1924. Opening of Ante-Natal Clinic in February.
New Houses erected by the Council 44.
1925. Racecourse acquired by Corporation. Petition by local medical practitioners that the site should be reserved for playing fields.
Arrangements for burning of animal refuse in Corporation furnaces instead of placing on refuse tips.
New houses erected by the Council 56.

With regard to the year 1925 it may be said that the Borough has been free from serious epidemic illness, that the birth rate with the exception of two years during the period of the Great War is the lowest ever recorded in Shrewsbury, and also that the death rate for the year is the lowest ever recorded.

In a Survey report of this kind it is my duty not only to report on the period under review, but to indicate the possible paths of Public Health policy and I therefore append certain matters for the consideration of the Council in due season, and financial circumstances or the spirit of progressiveness will determine as to how many of them will have been carried out before the next Survey report is written in 1930.

The number of the page on which the "Fourteen points" are discussed is attached for reference purposes.

1.	Sunshine recording apparatus and small Meteorological station (suggested site—The Castle).	page 15
2.	New intakes of Severn water supply.	page 31

3. Re-laying of old brick sewers. page 33
4. Alternative method of Refuse Disposal. page 34
5. Cleansing and Disinfection Station. pages 35 & 71
6. Bye-laws for Houses let in Lodgings. page 39
7. Bacteriological examination of Milk. page 51
8. Establishment of a County Bacteriological Laboratory. pages 52 & 68
9. Increased lairage accommodation at Abattoir. page 56
10. Motor Ambulance for Isolation Hospital. page 63
11. Erection of outdoor shelter for Isolation Hospital. page 67
12. Sanatorium for Advanced Tuberculosis. page 67
13. Salaries of Health Visitors. page 75
14. Maternity Home. page 81

In conclusion, I hope that though all members of the Council may not possess my enthusiasm for Public Health work, they will realise, if only this letter is read, that the money spent on Health administration is soundly invested, and provides a useful legacy for future generations.

I desire to thank my colleagues and the various members of my Staff for their willing co-operation and help, and hope that we may continue to work together for a Council that gives one the encouragement to do one's best for the town.

I have the honour to be, Gentlemen,

Your obedient Servant,

A. D. SYMONS.

GENERAL STATISTICS, 1925.

Rateable Value of the Borough		£182,984.
Sum represented by a Penny Rate		£700.
Area of the Borough (excluding water) in acres		3,470.
Population (Census 1921).		31,030.
Population (Registrar General's estimate, middle of 1925)	For Birth Rate	32,530.
	For Death Rate	31,730.
Persons per acre, calculated on 1925 population		9·3
Inhabited houses (Census 1921)		6,742.
Families or separate Occupiers (Census 1921)		6,995.
Births		579.
Birth rate per 1,000 persons living		17.8.
Deaths		367.
Death rate per 1,000 persons living		11.5.
Death rate (standardised)		10.3.
Infant Mortality rate per 1,000 births		77·7
Phthisis Death rate per 1,000 living		0.59.
Death rate from all Tuberculous Diseases per 1,000 living		0.72.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Shrewsbury the county town of Shropshire is situated in the centre of a fertile district and is surrounded by more or less unbroken country for a radius of ten miles. The original old town is built on two hills of generally moderate ascent, but steep in parts, and is nearly surrounded by the river Severn which makes a horse shoe curve some two miles round, the neck of the peninsular being about 400 yards in width.

This particular area of the town "Within the Bridges" is most densely built on, and includes the main business premises together with many old houses, some mediæval in type and of artistic appearance, others, inhabited by the poorer classes being closely packed together in courts and alleys which are numerous.

The growth and expansion of the town is taking place in every direction across the river ; Frankwell an old setltement on the North West has modern extensions chiefly of villa residences along the main roads radiating from it ; Kingsland is a modern residential suburb to the South West ; Coleham an old settlement to the South East with Belle Vue a modern extension adjoining has recently been enlarged by the erection of some 200 houses within the last five years ; the Coton Hill district lying to the North has been developed in modern times and is increasing ; Abbey Foregate, old near the river, modern and residential further out, lies to the East, and in the near future will become more populous owing to the projected development of the area covered by the Racecourse which has now been purchased by the Corporation.

The town varies in elevation from 150 feet to 260 feet above sea level.

The geological formation is varied, the Permian red sandstone occurring in a band across the centre, with the Bunter beds of the New Red Sandstone to the north and the coal measures to the south. The actual subsoil is, however, mainly river drift, of varying and generally considerable thickness.

In places stiff clay, but generally sandy and dry in the upper part, with clay under-lying at greater or less depth. The contour offers good natural drainage to the Severn, which owing to its devious course flows over a length of some eight miles either through or along the borders of the district.

The climate of Shrewsbury is mild and possesses the characteristics of a valley climate, except that river fogs even in the low lying parts of the town are neither so frequent nor so common as might be expected.

Atmospheric pollution is not augmented to any extent by emissions of smoke from industrial chimneys which are few in number, with the exception of a small portion of the town which is affected by more or less constant smoke from the railway sheds.

The town lies within the rain shadow of the hills of Wales and the Border Country, and the rainfall is moderate amounting on the average to 25 inches.

Shrewsbury, centrally situated in a large agricultural district, and well served by railways and motor buses is the Mecca of the marketing community, chiefly noticeable on a Saturday. Industrial works are neither numerous nor extensive, but include large maltings, three breweries, a tanyard' an agricultural implement works, an iron foundry, tobacco and cigar factory, together with gas and electric light works. There is a military depôt of the Shropshire Light Infantry in the Borough and on the outskirts another depôt of the Royal Air Force. Many inhabitants are employed at a large factory just outside the Borough boundaries, and another factory similarly situated is in course of erection. Finally, Shrewsbury is an important railway centre not only as a junction, but also owing to the presence of railway carriage and wagon works.

It is to be noted that there are no industries in which the occupation entails especial danger to health.

WEATHER CONDITIONS.

Rainfall.

The rainfall during 1925, records of which as in the past, have kindly been supplied by Dr. Gepp, was 22.97 inches which is 1.58 inches below the average of the last 15 years.

The following table which is self explanatory shows the distribution of the rainfall during the monthly periods and with the exception of the month of June when no rainfall was recorded there was a fairly even fall throughout the year, the number of days on which rain was recorded being 44, 33, 42, and 43 in the respective quarters, the greatest total rainfall being during the third quarter in which come the usual holiday periods.

Rainfall at Coton Hill, Shrewsbury.

Month.	Total Fall.	Greatest fall in 24 hours.		Days with ·01 or more.	Days with ·04 or more.
	Inches	Inches.	Date		
January	1.38	.27	1	11	9
February	3.37	.85	11	22	15
March	0.99	.27	1	11	7
April	1.54	.29	5	18	11
May	1.88	.40	23	15	11
June	0.00	—	—	—	—
July	1.95	.70	22	9	7
August	3.21	.67	10	16	12
September	2.68	.66	19	17	11
October	2.37	.68	19	13	10
November	1.56	.36	6	12	8
December	2.04	.59	22	18	12
Totals	22.97			162	113

The figures for the rainfall during the past five years, are set out in quarterly periods in the accompanying table, and in making any comparison between the different years, allowance should be made for the exceptionally dry year of 1921, and for that day in the second quarter of 1924, viz. May 31st., when 3.43 inches were recorded.

Year.	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total Annual Rainfall.
1921	3.56	2.31	4.1	6.11	16.08 inches.
1922	7.87	3.57	6.44	4.86	22.74 ,,
1923	5.9	4.64	5.71	7.17	23.42 ,,
1924	3.58	9.62	8.42	6.98	28.60 ,,
1925	5.74	3.42	7.84	5.97	22.97 ,,

Rain, contrary to general belief is very beneficial to health, as long as there are adequate intervening periods of bright sunlight, for, by means of rain not only is the atmosphere washed clean of suspended dust and bacteria, but also various chemicals of a harmful nature, the result of smoke pollution, are removed, and in addition the streets containing much animal excreta are cleansed.

The autumn months saw the introduction to Shrewsbury as well as to other parts of the Kingdom, of a new female fashion in the form of Russian or Wellington boots, and though there is no direct evidence, there is not much doubt that this type of footwear has helped to maintain health and prevent disease. Wet feet are not a danger to health as long as the person keeps moving and a good circulation is maintained, but to perform work of a sedentary nature with feet wet and chilled is undesirable and a potential cause of ill health.

Sunshine.

No figures are available of the record of sunshine in Shrewsbury which is unfortunate, as the amount of bright sunshine has a direct bearing on the general health and well being of a locality, and records of such sunshine enable comparisons to be made with other areas, so as to determine whether any local factors such as high hills, fog or smoke by screening the full force of the sun's rays, are cutting out those valuable ultra violet rays which modern research shows to be so necessary for the maintenance of good health. Recent observations have shown that 20% more sunlight is experienced in the country than in a smoky town.

An approximate idea of the amount of sunshine during the year can be gathered from the Registrar General's returns for the Midland Counties, in the following table.

Month.	Sunshine.		Remarks.
	Daily Mean.	Diviation from Normal.	
	Hours.	Hours.	
January	1.19	—0.23	Variable.
February	2.37	+ 0.03	Mild and very wet.
March	2.64	—0.83	Sunshine was deficient.
April	4.40	—0.62	Unsettled with many sunny periods.
May	4.95	—0.92	Sunshine was deficient
June	8.02	+ 1.82	Characterised by the exceptional scarcity of rainfall and its abundant sunshine.
July	5.77	—0.09	Sunshine deficient.
August	4.09	—1.34	Sunshine was deficient.
September	4.03	—0.48	Sunshine was deficient. Rainfall above normal.
October	2.75	—0.13	Dry and sunny weather during the first half of the month. Windy and wet during the second half.
November	2.56	+ 0.77	Rainfall deficient and sunshine in excess in all districts.
December	1.48	+ 0.32	Sunshine totals at most places were above normal.

Although the year 1925 cannot be called a wet year, as regards the total amount of rainfall, it was a year of deficient sunshine, the general effect on health being a balance on the unfavourable side.

Population.

The population of Shrewsbury is slowly increasing as the following Census figures show.

Year.	Population.
1841	18,285
1861	22,025
1871	23,406
1881	26,478
1891	26,967
1901	28,395
1911	29,389
1921	31,030
1925 (estimated)	32,530

The distribution of this population in the various Wards in the Borough, together with the number of inhabited houses, the number of separate families, and the density per acre is set out in the following table compiled from the Census Report for 1921.

The acreage in this Table includes water, with the result that a lower figure is obtained in the last colum than is actually the case.

Ward.	Inhabited Houses.	Families or separate occupiers.	Males.	Females.	Population.	Persons per Acre.
Quarry	421	439	966	1109	2075	30.1
Stone	352	379	693	941	1634	22.7
Castle	235	241	573	722	1295	31.6
Welsh	869	900	2043	2058	4101	10.7
Abbey	1221	1262	2267	2720	4987	3.2
Belle Vue	851	891	1781	1969	3750	14.6
Kingsland & Coleham	588	603	1748	1590	3338	10.2
Coton Hill	728	744	1458	1691	3149	6.4
Castle Fields	831	856	1835	1884	3719	28.6
Ditherington	646	680	1495	1463	2958	16.8
Total	6742	6995	14859	16147	31006	8.8

By grouping contiguous Wards together into geographical combinations of four Districts, it is possible to compare the Vital Statistics of these four areas, and the results prove interesting.

District.	I.	II.	III.	IV.
Wards.	Quarry, Stone and Castle.	Welsh.	Abbey, Belle Vue, Kingsland and Coleham.	Coton Hill, Castle Fields, Ditherington.
Acres (excluding water)	164	381	2151	774
Population 1921	5004	4101	12,075	9,826
Persons per acre	30.6	10.7	5.6	12.7
Death rate per 1,000 population	13.9	12.6	10.0	12.6
Birth rate per 1,000 population	18.7	21.7	17.3	18.4
Infant Mortality Rate per 1,000 births	63.8	123.6	52.6	93.9

* Death, Birth and Infant Mortality rates calculated on 1921 population.

District No. 1, comprises those Wards "Within the Bridges," constituting the old town, and here as is shown, there is considerable overcrowding, with a density of 30 to the acre. This district shows the highest death rate.

District No. 2, contains two opposite sets of conditions. One part of the Ward constituting the Port Hill district is practically open country and is sparsely populated, though being developed at present by the erection of good class houses by private enterprise. The other part of the Ward is the congested area known as Frankwell, an old part of the town containing many undesirable houses inhabited by the poorer section of the community. It is this particular area of the Ward which gives rise to the highest birth rate and coupled with that, as if so often the case, the highest Infant Mortality Rate compared with the other Districts. The general death rate of this District is the same as District No. 4 which also contains many poor houses and has the second highest Mortality Rate.

District No. 3, with the lowest density per acre also has the lowest Birth rate, general death rate and Infant Mortality Rate.

VITAL STATISTICS.

Vital Statistics of Whole District during 1925 and Previous Years.

Year.	Population (estimated) each year.		Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
				Nett.						Under 1 Year of Age		At all Ages.	
	Birth Rate.	Death Rate.	Un-corrected Number.	Number.	Rate.	Number.	Rate.	of Non-residents register'd in the District.	of Residents not register'd in the District.	Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1919	31018	29778	598	563	18.2	484	15.3	75	46	45	79.6	455	15.3
1920	31268	30964	776	778	23.9	405	13 0	81	50	46	65.5	374	12.1
1921	31030		703	664	21.3	423	13.6	98	57	55	82.8	382	12.3
1922	31240		647	611	19.5	436	13 9	87	68	29	47.4	417	13 3
1923	31600		650	627	19 8	469	14 8	103	36	39	62	402	12.7
1924	32360	31660	679	628	19.4	454	14.3	120	42	29	46	376	11 9
1925	32530	31730	628	579	17.8	435	13.7	116	48	45	77.7	367	11.5

Births.

The manner in which the notifications of births were made is shown in the following table :—

Doctor.	Midwife or Nurse.	Doctor & Midwife.	Parent.	Registrar .	Total
25	483	91	9	20	628

The births registered in the Borough during the year amounted to 628 including 17 stillbirths, but 49 of these were births assignable to outside districts, so that a net total of 579 remains.

This number gives a birth rate of 17.8 per 1,000 of population, a decrease of 1.6 on the previous year, and with the exception of two years during the period of the Great War is the lowest birth rate ever recorded in Shrewsbury.

As has been the case for many years the birth rate of Shrewsbury is again below the average for England and Wales generally, the figures for 1925 being as follows :—

	BIRTH RATE.
England and Wales	18.3
105 Great Towns	18.8
157 Smaller Towns	18.3
SHREWSBURY	17.8

This declining birth rate is not peculiar to Shrewsbury, but is occurring throughout the country, as the following table shows. Although there are several causes to account for the decline, there is no doubt in Shrewsbury at any rate, that the lack of suitable housing accommodation is a predominant factor.

		BIRTH RATE.	
Year.	Number of Births.	Shrewsbury.	England & Wales.
1914	620	20.8	23.6
1915	591	19.9	21.8
1916	586	19.4	21.6
1917	471	15.4	17.8
1918	541	17.4	17.7
1919	563	18.2	18.5
1920	778	23.9	25.4
1921	664	21.3	22.4
1922	611	19.5	20.6
1923	627	19.8	19.7
1924	628	19.4	18.8
1925	579	17.8	18.3

The births belonging to the Borough during the year consisted of 296 males and 283 females.

Of these, 10 males and 20 females were illegitimate. The illegitimate births rate is 0.92 per 1,000 population and a percentage of 5.2 of total births.

Deaths.

There were 435 deaths registered in the year, as occurring in the Borough, but to arrive at the correct number of deaths assignable to the Borough, 116 deaths of "Non-residents" must be subtracted from this number, and 48 deaths of "Residents" dying outside the district must be added to the total deaths.

This gives 367 as the number of deaths assignable to Shrewsbury, and a death rate of 11.5 per 1,000 persons, which is the lowest death rate ever recorded in Shrewsbury.

The standardised death rate for Shrewsbury is 10.3 per 1,000 persons.

This standardised death rate is obtained by multiplying the nett death rate by the factor for correction, viz. .895, which is a figure calculated for each district from the number of persons at various ages arranged according to sex. The death rate in any district varies according to the age and sex distribution of the population, and in order to compare the death rate of one district with another it is necessary to make use of the factor for correction, in order to arrive at standardised figures.

A comparison between the death rate of Shrewsbury, England and Wales, and the Great and Smaller Towns is as follows.

Death rate.	England and Wales	12.2
	105 Great Towns	12.2
	157 Smaller Towns	11.2
	SHREWSBURY	11.5

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1925.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.													
	Male	Female	Under 1	1	2	3	4	5	10	15	20	35	45	65 and over
ALL CAUSES	185	182	45	7	2	2	2	7	1	6	22	20	91	162
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small-Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	3	2	1	1	—	1	—	2	—	—	—	—	—	—
Scarlet Fever	—	1	—	—	—	—	—	1	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	3	—	—	1	—	—	1	1	—	—	—	—	—	—
Influenza	5	3	—	—	—	—	—	—	—	—	—	1	5	2
Encephalitis Lethargica	—	2	—	—	—	—	—	—	—	—	—	—	1	1
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System	11	8	—	—	—	—	—	—	—	1	7	6	5	—
Other Tuberculous diseases	2	2	—	—	—	—	1	1	—	—	1	1	—	—
Cancer, malignant disease	29	19	—	—	—	—	—	—	—	—	—	2	29	17
Rheumatic Fever	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Diabetes	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Cerebral Hæmorrhage, &c.	5	22	—	—	—	—	—	—	—	—	—	—	4	23
Heart Disease	29	25	—	—	—	—	—	—	—	2	2	2	10	38
Arterio-sclerosis	7	6	—	—	—	—	—	—	—	—	—	—	2	11
Bronchitis	13	12	4	—	—	1	—	—	—	—	1	—	2	17
Pneumonia (all forms)	15	15	10	3	2	—	—	1	—	—	1	1	7	5
Other Respiratory diseases	8	2	—	—	—	—	—	—	—	—	—	1	2	7
Ulcer of Stomach or Duodenum	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Diarrhœa, &c. (under 2 years)	3	3	6	—	—	—	—	—	—	—	—	—	—	—
Appendicitis & Typhlitis	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Cirrhosis of Liver	4	1	—	—	—	—	—	—	—	—	—	—	5	—
Acute & Chronic Nephritis	3	4	—	—	—	—	—	—	—	—	—	—	2	5
Puerperal Sepsis	—	2	—	—	—	—	—	—	—	—	2	—	—	—
Other accidents & diseases of Pregnancy and Parturition	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Congenital Debility and Malformation, Premature Birth	7	4	11	—	—	—	—	—	—	—	—	—	—	—
Suicide	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Other Deaths from Violence	10	4	2	1	—	—	—	1	—	1	3	2	1	3
Other Defined Diseases	27	40	11	1	—	—	—	—	1	1	5	2	13	33
Causes ill-defined or unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Reference to the preceding table shows that 81% of the total deaths occurred in three only of the twelve selected age groups, 44% occurring in the age group 65 and over, 25% in the age group 45—65, and 12% under one year of age. The total number of deaths in the age group 45—65 is unsatisfactory, when it is realised that one third of these deaths was due to Cancer, and to emphasise the importance of this one cause of death the following graphical chart has been prepared.

It will be seen that Cancer heads the list of individual diseases causing death, but though this is serious, a re-grouping of the main causes of death somewhat alters the perspective.

If the diseases of the Respiratory system such as Pneumonia, Bronchitis, Pulmonary Tuberculosis, Influenza, Measles and other respiratory disorders are grouped, it is found that there were 97 deaths in this group, giving a death rate of 3.05 per 1,000 living.

The next grouping constitutes those conditions associated with old age and include Senile decay, Cerebral Hæmorrhage, Arterio-Sclerosis and certain forms of Heart Disease. This group accounts for 89 deaths giving a death rate of 2.8 per 1,000 living.

Cancer in a group by itself accounts for 48 deaths, the death rate per 1,000 living being 1.51.

Heart Disease is a misleading term, and although in the graphical chart it comes second with 44 deaths, a more detailed analysis shows that of this number about 27 deaths were due to specific heart disease, whereas the remaining 17 deaths were due to degeneration of the heart muscle associated with other senile changes in the body.

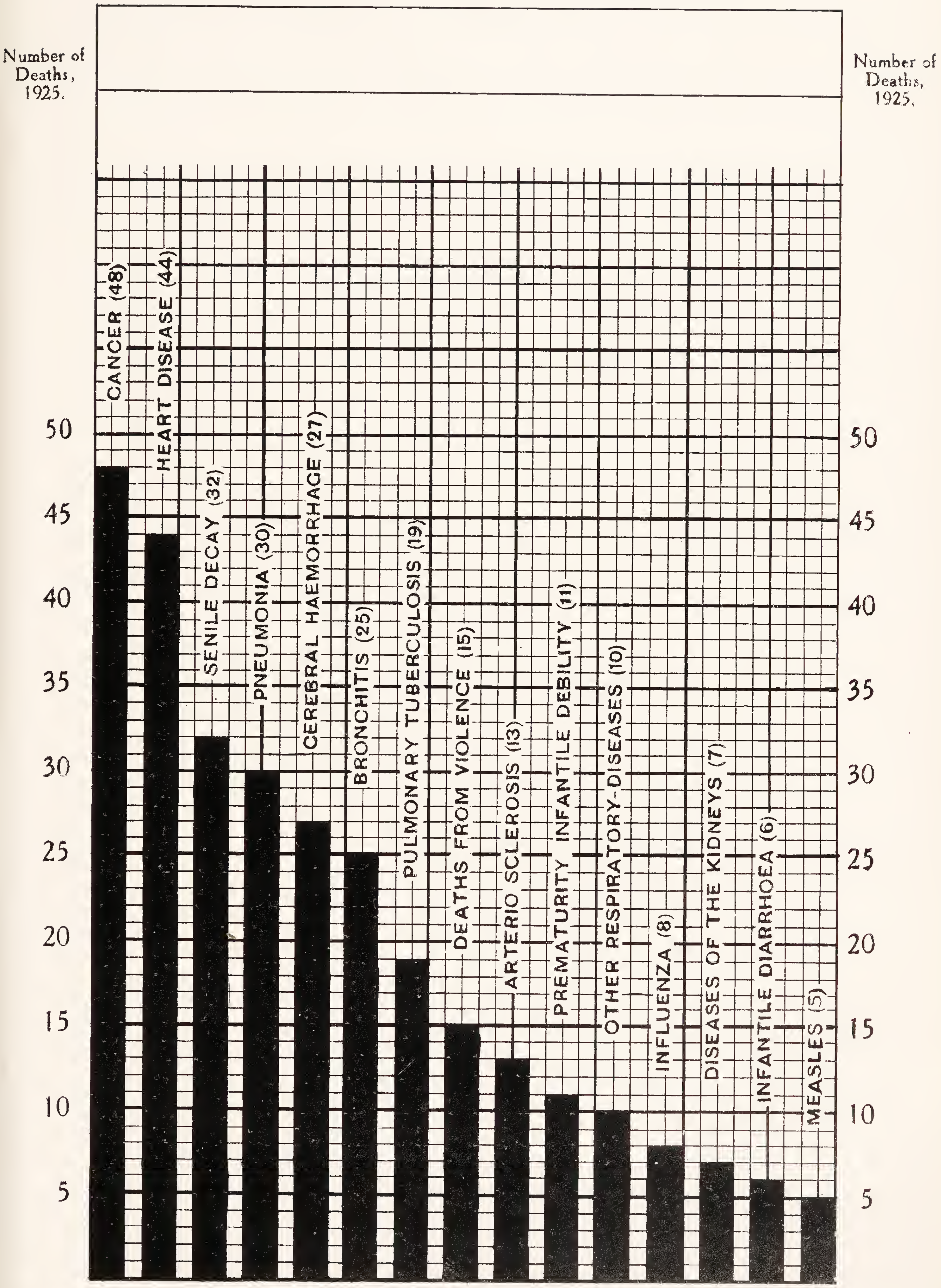
True Heart disease therefore gave rise to 27 deaths, which is a death rate of 0.85 per 1,000 living.

As regards Cancer, the deaths due to this disease during the last five years have been 38, 49, 42, 41, and 48 respectively, and the main difference between 1925 and the previous years is the great excess of male to female deaths as the following table shows.

Deaths from Cancer.

Year.	Males.	Females.	Total.
1921	19	19	38
1922	19	30	49
1923	17	25	42
1924	13	28	41
1925	29	19	48

MAIN CAUSES OF DEATH.



The actual cause of Cancer has not yet been discovered, although many authorities on the subject regard it as a " Disease of civilisation," associated with faulty feeding habits and in this connection it is rather significant that 27 or more that one half of the deaths attributed to Cancer, were due to Cancer of the Alimentary tract, the stomach being the site in 15 or one third of the total cases.

INFANT MORTALITY.

During the year there were 45 deaths of infants under one year of age, 25 being male infants and 20 female.

The infant mortality rate per 1,000 births is therefore 77.7 which is a much higher rate than last year.

There were 2 deaths of illegitimate children, and as there were 30 illegitimate births an illegitimate death rate of 66 per 1,000 births is obtained.

The following table compares the infant mortality rates of Shrewsbury and the rest of the Country.

England and Wales	...	75
105 Great Towns	...	79
157 Smaller Towns	...	74
SHREWSBURY	...	77

The steady saving of infant lives is illustrated in the accompanying graph, which compares Shrewsbury with England and Wales, and shows that the infant mortality rate generally is half what it was some twenty years ago.

As the number of infant deaths in Shrewsbury is relatively small, the infantile death rate is bound to fluctuate from year to year according to small increases or decreases in the number of deaths, and too much stress need not be laid on a particular good or bad year, as long as the tendency is a downward one.

The attached table shows the causes of infantile deaths, and it has been so arranged that at a glance, some idea can be gained as to the principal causes.

Respiratory conditions claim the greatest toll, and there is reason to believe that many of these deaths are preventable.

None of them occurred in the first month of life, which tends to show that pre-natal or neo-natal causes were not mainly operative, but that a post natal infection was incurred. Close confinement to stuffy kitchens, lack of garden space in which to place a perambulator, and fear of cold air, together with undue attention by doting relations and neighbours, are some of the causes which predispose to infections of the respiratory tract resulting in nasal catarrh, bronchitis and pneumonic conditions.

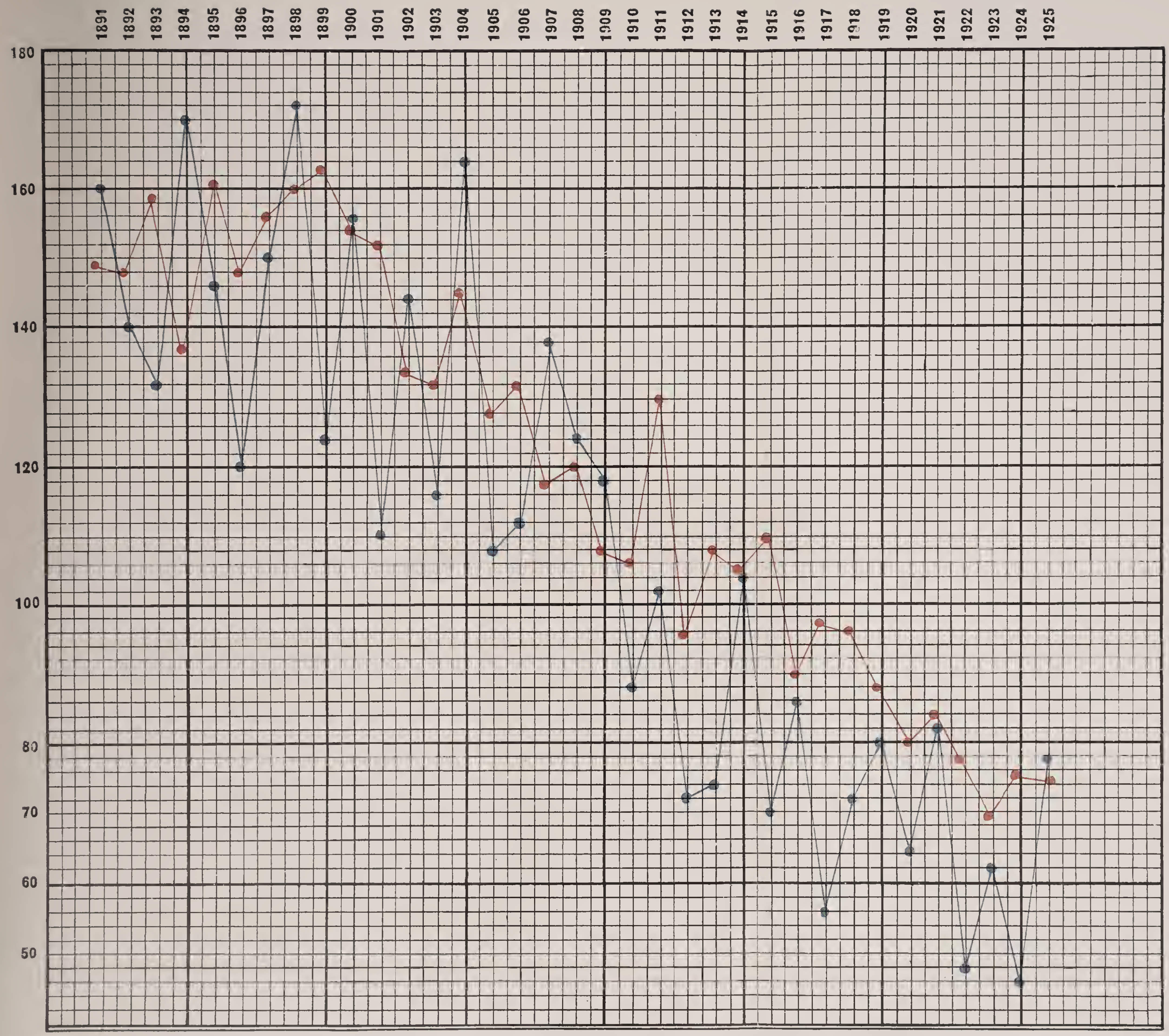
Congenital causes account for the next largest number of deaths, some of these are not preventable as far as present knowledge reaches, but others such as Debility, and Marasmus and perhaps premature birth may be attributed to ante natal conditions of the parents, chiefly the mother, and it is for the purpose of grappling with these cases that our Ante Natal Clinic has been inaugurated.

It is a satisfactory feature to note that diarrhœa was the cause of death in less than $\frac{1}{8}$th of the total infant deaths.

Infant Mortality during the Year 1925.

Net Deaths from stated causes at various ages under 1 year of age.

Causes of Death.	No.		Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total deaths under 1 year.
Respiratory Conditions	14	Bronchitis	—	—	—	—	—	3	1	—	—	4
		P'monia (all forms)	—	—	—	—	—	4	2	2	2	10
Congenital Causes	12	Malformations	3	—	—	—	3	—	—	—	—	3
		Premature Birth	5	—	—	—	5	—	—	—	—	5
		Debility	1	—	—	—	1	—	—	—	—	1
		Marasmus	—	1	1	—	2	1	—	—	—	3
Gastro-Intestinal Conditions	8	Diarrhœa	—	1	—	—	1	2	3	—	—	6
		Pyloric Stenosis	—	—	—	—	—	1	—	—	—	1
		Intestinal obstruction	—	—	—	—	—	—	—	—	1	1
Miscellaneous	7	Asphyxia Neonatorum	1	—	—	—	1	—	—	—	—	1
		Melæna do.	1	—	—	—	1	—	—	—	—	1
		Cretinism	—	—	—	—	—	—	—	—	1	1
		Convulsions	1	—	—	—	1	1	—	—	—	2
		Atelectasis	1	1	—	—	2	—	—	—	—	2
Infectious Diseases	2	Measles	—	—	—	—	—	—	—	—	1	1
		Acute Polio-Encephalitis	—	—	—	—	—	—	—	—	1	1
Violence	2	Suffocation, overlying	—	—	—	—	—	1	—	—	—	1
		Burning	—	—	—	—	—	—	—	—	1	1
Totals	45		13	3	1	—	17	13	6	2	7	45



Infantile Mortality Rates 1891-1925

England & Wales ————————

Shrewsbury ————————

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals provided or subsidised by the Borough or County Council.

Tuberculosis. The County Council provide two Sanatoria situated at Prees Heath and at Shirlett, near Much Wenlock, to which Borough cases are admitted. These Sanatoria are each about fifteen miles distant from Shrewsbury.

Maternity. A small Maternity Home containing 4 beds is maintained by the Victoria Nursing Association, at 1, Claremont Bank, Shrewsbury, with whom the Borough have an agreement for the admission of cases recommended by the Medical Officer of Health. A fee of £4 : 4 : 0d. per week is paid for each Borough patient.

Children. There is no institution for sick or ailing children provided or subsidised by local authorities in the Borough.

Fever. An Isolation Hospital containing 26 beds is situated at Monkmoor, 2 miles from Shrewsbury and is provided by the Shrewsbury and Atcham Joint Hospital Board.

Smallpox. A smallpox hospital is maintained by the Borough Council at Underdale Road, Shrewsbury, and contains 6 beds.

Institutional. Institutional provision for unmarried mothers, or illegitimate infants, nil.

Homeless children are received in one of the Poor Law Homes, three of which are situated in the town.

Ambulance Facilities. (*a*) For infectious cases, a horse drawn ambulance belonging to the Joint Hospital Board is utilised for Borough cases, cases from outside districts being transported in a motor ambulance hired from the Salop County Council

(*b*) For non-infectious and accident cases, a motor ambulance owned by the Salop County Council is used.

Clinics and Treatment Centres.

Name of Clinic.	Place at which held.	Day and Time.	By whom provided.
Maternity & Child Welfare Centre.	74, Wyle Cop, Shrewsbury.	Thurs. and Friday 2—4 p.m.	Local Authority.
Ante-Natal Clinic.	Do.	Alternate Wednesdays 3-5 p.m.	,, ,,
School Clinic.	Do.	Daily (Saturdays excepted) 9.15 a.m.	,, ,,
Cripple Care Centre.	V.A.D. Hut, St. Julian's Friars, Shrewsbury.	Wednesday, 10 a.m.	Shropshire Orthopædic Hospital.
Tuberculosis Dispensary.	17, Belmont, Shrewsbury.	Wednesdays and Saturdays 2 p.m.	Salop County Council.
Venereal Disease Clinic.	1, Belmont, Shrewsbury.	Mondays for women 2—4 p.m. Tuesdays and Fridays for men 6—8 p.m.	,, ,,

Professional Nursing in the Home.

(*a*) General: The local branch of the Victoria District Nursing Association carries out nearly the whole of the professional nursing amongst the working classes, 2 nurses being employed.

(*b*) For Infectious Diseases, e.g. Measles, etc. :— Work of this nature is carried out by the two Health Visitors and the School Nurse, if and when occasions arise.

Midwives. The Salop County Council is the supervising authority of midwives, 27 of whom are resident and practise within the Borough. None are employed or subsidized by the Borough Council.

Poor Law Relief. The amount of Poor Law Relief given in Shrewsbury for 1925 was £1956 : 19 : 9d.

Hospital and other forms of Gratuitious Medical Relief. Medical and Surgical treatment is provided at the Royal Salop Infirmary and the Shropshire Eye, Ear and Throat Hospital.

The Royal Salop Infirmary contains 130 beds and is being enlarged by the erection of new wings to contain a Childrens' Ward and a Maternity Ward, with 22 and 10 beds respectively.

During the period Midsummer 1924—Midsummer 1925, 477 in-patients and 417 out-patients belonging to the Borough were treated at this hospital.

The Eye, Ear and Throat Hospital has had a new wing added which will provide for 15—20 extra beds.

The Shrewsbury Dispensary is an Institution, supported by voluntary contributions, and provides medical attendance for the families of the working classes in return for a small weekly subscription.

The Shrewsbury Branch of the Charity Organisation Society is actively engaged in administering charity in the Borough.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. The dual water supply of the town in its present form of delivery has now stood the test of seventeen years with satisfactory results and without any cause for anxiety.

Drinking water obtained from spring water situated about two miles from the centre of the Borough is supplied to the inhabitants by means of self closing water pillars situated in the street and has to be drawn there and carried to the house. Drinking water can be laid on to certain houses by agreement with the Corporation, on payment of an extra charge on a fixed scale and there are 110 occupiers in the town availing themselves of this facility.

Water intended only for domestic use and sanitary purposes is laid on to all houses, and the source of this supply is the River Severn. Such water is passed through pressure filters and is chlorinated before delivery to the consumers. This latter safeguard was instituted in 1909 to avoid danger of disease should the water be used for drinking purposes. Although the drinking of this filtered and chlorinated river water is discouraged, there is definite evidence that it is so used in many households, and without, so far as can be ascertained, any detriment to health. Experience elsewhere in this country is showing that water obtained from a river which is not grossly polluted can be rendered safe for drinking by filtration and chlorination without previous storage, but further experience is necessary to arrive at a conclusion as to the comparative efficiency of mechanical pressure filters and the older forms of slow sand filters combined with chlorination and in the meanwhile, however slight the risk, official advice cannot be offered that this water is absolutely safe for drinking.

Fortunately from one point of view, but unfortunately from another, so little water is consumed as water, that is, without turning it into tea or other beverages, that any danger is rendered more remote, owing to the boiling that such water undergoes.

The last chemical analysis of samples of the respective waters was as follows.

	Drinking water.	Filtered river water. (not chlorinated)
Reaction ...	Alkaline.	——
Free and Saline Ammonia	0.000 parts per 100,000.	0.003 parts per 100,000.
Albuminoid Ammonia	0.004 ,, ,,	0.008 ,, ,, ,,
Chlorine in Chlorides	2.6 ,, ,,	1.400 ,, ,, ,,
Nitrogen in Nitrates and Nitrites	0.08 ,, ,,	0.055 ,, ,, ,,
Oxygen absorbed from Permanganate		0.145 ,, ,, ,,
Total Solids ...	40.7 ,, ,,	14. ,, ,, ,,
Hardness Temporary	10.0	0.5
Permanent	12.6	7.3
Total	22.6	7.8
Appearance	Bright, few small particle.	Slightly turbid, many large particles.
Poisonous metal	Nil.	——
Analyst's Comments.	"This is a satisfactory potable water."	"The sample contains too much free ammonia for it to be considered satisfactory for drinking purposes, but subject to more efficient filtration it would become a good water for use."
Bacteriological Examination.	No. of organisms on agar at 39° C. in 24 hrs. 81 per c.c. B. Coli not present in 100 c.c.	

In addition bacteriological examinations made monthly in the Borough Laboratory show that the Bacillus Coli—the indicating organism of animal or sewage pollution is invariably absent in samples of the drinking water examined in amounts up to 500 c.c.

On the other hand Bacillus Coli organisms are always present in the unfiltered river water, are reduced in amount in the water after filtration, and are absent after chlorination, which last sample is taken from various taps in the town.

The total yearly consumption of water is given in the following figures kindly supplied by Mr. Hewitt, the Water Engineer, who also remarks that the increased and increasing consumption of water is due apart from normal expansion, to the improving standard of living, and the greater facilities provided for the use of water. He also states that it is most essential in the interests of Public Health and with a view to meeting the reasonable requirements of the consumers, that good service should be fully maintained and if possible improved upon.

The improvements suggested as necessary in the near future are important. The erection of houses is proceeding apace in the Kingsland and Port Hill district which cannot be supplied by gravitation from the service reservoir as the general level is too high, so that a special supply has to be re-pumped through an independent main at increased pressure. This plant is already working at the height of its capacity and the rapid development in the above mentioned district will necessitate an increase in the plant.

The other matter requiring attention is the position of the intakes of the river water which at present are situated in shallow water about 10 yards from the Coton Hill retaining wall. At this point, in summer when the river is at low level, the water is stagnant, and liable to contamination. The intakes should be moved to a deep channel more in midstream where there is constant running fresh water even at low summer level.

The consumption of Severn water during the year 1925 was 424,095,000 gallons, an increase of 17 million gallons over the previous year.

Taking the population supplied as 32,500, the average consumption per head per day was 35.5 gallons, and is estimated to be apportioned as follows.

Domestic use	17½ gallons.
Trade use	6½ gallons.
Public and general purposes ...	6½ gallons.
Waste	5 gallons.

The consumption of Drinking water was 10,176,000 gallons or rather less than 1 gallon per head per day.

The dual water supply affords an opportunity of comparing the proportion of water used for dietetic purposes as against that used for general purposes and the result shows that in Shrewsbury the proportion is 1 to 40, which is sufficient evidence to show what a costly business it must be to cater for an absolutely pure water supply, a very large proportion of which is used for other than dietetic purposes.

Rivers and streams. As far as is known, no crude sewage is allowed to enter the river in its course through the town, but owing to the fact that the new sewers are in connection with certain old culverts by means of valves to allow surplus storm water to escape during flood periods, a certain amount of dilute sewage may enter the river at such times.

Oil is very frequently seen on the surface of the river and efforts have been made to locate the sources, and it appears that a great deal comes from the lower part of the town in the Roushill district, the surface water from which area drains directly into the river.

A survey of the Severn throughout the County took place during the early summer at the request of the Ministry of Agriculture, samples of water being taken at intervals, for analysis with a point of view of detecting pollution. The results of the survey have not yet been published.

Drainage and Sewerage. Though there is practically a complete water carriage system of drainage in the Borough, there are still many defective drains, due to the fact that many of these old drains were laid without particular attention to alignment and without proper jointing material, so that there is continued soakage of sewage into the subsoil. During the last five years 749 house drains have been found so defective as to require complete reconstruction and it is estimated that there are still about 1000 houses in the Borough with drains in a similar condition.

All these house drains are connected to sewers which are provided throughout the town with the exception of three small areas containing 7, 21 and 4 houses respectively, which, owing to their low lying position, cannot be dealt with without special pumping apparatus.

Altogether 1,397 yards of new sewers have been laid during the last 5 years in connection with recent housing developments, and during this last year 355 yards of old brick sewers were removed and stoneware pipe sewers laid in substitution in Severn Street, Albert Street and Victoria Street. There are several of these old brick sewers which require to be replaced.

The Sewage Disposal Works at Monkmoor built twenty years ago were improved in 1923 by the underdrainage of 42 acres of irrigation land.

The group of 15 houses situated at Underdale Road, and not connected with the main sewers, have a septic tank and filter bed scheme to deal with their sewage, the effluent from which runs into the river. In addition there are 3 recently erected houses in this road, which possess cesspools, the effluent from two of them being connected to a storm overflow sewer ; and a group of 4 houses near Rocke Street with soakaway cesspits in the gardens.

Closet Accommodation. The Borough is completely supplied with water closets with the exception already mentioned of a group of 7 houses situated at Mount Pleasant, which are provided with dry earth clostes and 3 houses at Underdale Road with similar sanitary arrangements.

There are no privies or privy middens.

In many of the older type of working class dwellings one closet only is provided for two houses.

Scavenging. The comparative narrowness of most of the streets in the town tends to prevent the escape of dust raised by traffic. The increased and increasing number of motor cars passing through the town, and the considerable deposit of animal excreta derived from the numerous cattle brought into the centre of the town to market, make it essential, bearing in mind the great amount of food exposed for sale in shops and thus easily contaminated, that the cleansing of the streets should be thorough. It is satisfactory that 85% of the thoroughfares in the Borough are tar-sprayed or tar-macadamed and that owing to the plentiful supply of water for general purposes, street watering can be carried out liberally.

During the course of sanitary surveys of districts, attention has been specially directed to the provision of sanitary dust bins, and the town is gradually witnessing the disappearance of the derelict box and the coal scuttle that has seen better days.

The removal of house refuse is carried out systematically and though a certain amount of nuisance has arisen in the past because the dust carts were open ones or were improperly covered to prevent rubbish being blown about during collection or transit, arrangements are being made for the covering of all carts in such a way that as soon as one half of the cart has been filled, the cover on that side can be placed in position.

This house refuse is removed and deposited at various tips of which there are 5 in use at present. Some of these tips are adjacent to houses and are productive of considerable nuisance as a breeding place for flies, rats and crickets, and as a source of much smell in some of them.

It should be made quite clear, however, that this present method of refuse disposal, though admitted to be far from ideal will sooner or later cease. The Corporation are gradually filling in low lying depressions which in many cases are of a boggy nature with stagnant water,—potential breeding grounds for mosquitoes. As soon as a certain level is reached the surface is covered with soil and allowed to seed itself with grass.

In course of time, owing to the fact that such areas are unsuitable for building purposes, they will and in fact have become open playing spaces for the youth of the neighbourhood. There are no unsightly dumps of decaying refuse raising their ugly heads to the annoyance of the æsthetic eye. In order, therefore, to minimise the nuisances at present exisiting constant supervision is necessary in two directions, firstly that soil to an adequate depth should be placed on the top of the tip as soon as the proper level is reached, and secondly that no food for vermin, such as animal matter should be taken to the tips.

At the end of the year, with this object in view arrangements were made, and all butchers, fishmongers and others were notified that in future no animal matter or substances likely to become a source of food supply for rats must be sent to the refuse tips, but could be taken to the Coleham Pumping Station or the Coton Hill Water works where they would be burnt in the furnaces.

At the same time every refuse tip is systematically every fortnight treated with poison baits to destroy rats, and as far as can be judged at present this has lead to a disappearance of the rats which formerly were seen to be crawling about in large numbers in open daylight.

An active part was taken by the Corporation during Rat Week (November 2nd—7th) in propaganda efforts and in treatment of their own properry. It was ascertained that 177 tins of rat poison and 270 rat or mice traps were sold during the week, and 2,750 poison baits, a large quantity of which were consumed, were laid on Corporation property, with a subsequent appreciable diminution of the number of rats seen.

Suggestions for alternative methods of refuse disposal have frequently been brought to the notice of the Council in previous Health Reports, and such suggestions will have to be considered before long, and when the " Filling-up " process is completed, but it is the type of the alternative method which requires most consideration. A destructor, which, to save cost in transport, has to be fairly centrally situated, means the addition of another chimney stack belching forth smoke which is wholly undesirable, the only advantage of such a system being that a Cleansing Station and Steam Disinfector, both badly needed, could be attached to the same works. Pulverising plants are in use in some areas, but considerable difficulty might be encountered in disposing of the residue. A solution will have to be found and meanwhile preliminary enquiries should be set on foot.

Sanitary Inspection of the Area.

The Sanitary Inspection of any area is a ceaseless process, in that certain human beings require constant supervision to ensure cleanliness, and that continued efforts have to be made in endeavouring to foster the communal spirit which is generally lacking in such cases.

In addition, property is always deteriorating, and various nuisances keep arising. So that the Sanitary Inspectors are also Sanitary Detectors, and are busily occupied, which will be realised when it is stated that 43,972 visits for various purposes, have been made during the last five years.

When it so happens that a small sanitary survey of a district is taking place in addition to the general work, complaints are sometimes heard from the district under survey that the Sanitary Inspector has a grudge against owners in that neighbourhood and is doing all he can to harass them, on the other hand complaints from another district that has not been recently surveyed may be heard, that nothing is ever done and that they are neglected in that part of the town. There is no foundation for these statements; the work is carried out without fear or favour, with fairness to owners and for the betterment of the living conditions of the tenants.

The following is a summary of the work carried out by the Sanitary Inspectors during the year.

1.	Total number of Inspections and Visits made in connection with all branches of their work	9528
2.	Houses Disinfected	189
3.	Complaints received and dealt with	229
4.	Informal notices served	469
5.	Legal notices served	25
6.	Number of notices complied with	414
7.	Proceedings before Magistrates	2

1. **Factories, Workshops and Workplaces, etc.**

Premises	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES (including Factory Laundries)	43	10	Nil.
WORKSHOPS (including Workshop Laundries)	93	26	Nil.
WORKPLACES	37	10	Nil.
Total	173	46	Nil.

2. Defects Found in Factories, Workshops and Workplaces.

Particulars.	Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
Nuisances under the Public Health Acts :—				
Want of Cleanliness	23	23	—	—
Want of Ventilation	2	2	—	—
Overcrowding	—	—	—	—
Want of Drainage of floors	2	2	—	—
Other Nuisances	—	—	—	—
Sanitary Accommodation — insufficient ...	—	—	—	—
Sanitary Accommodation — unsuitable or defective ...	4	4	—	—
Sanitary Accommodation — not separate for sexes ...	—	—	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground Bakehouse (Sec. 101)	—	—	—	—
Breach of Special Sanitary requirements for Bakehouses (Secs. 97—100) ...	15	15	—	—
Other Offences	—	—	—	—
Total ...	46	46	—	—

3. Home Work.

OUTWORKERS' LISTS, Sec. 107.

Nature of Work.	Lists. (Sent twice a year).	Outworkers.	
		Contractors.	Workmen.
Wearing apparel : —			
(1) Making	5	—	9
(2) Cleaning and washing ...	—	—	—
Nets other than wire nets	—	—	—
Furniture and upholstery	2	—	2
Total ...	7	—	11

There were no failures to send lists of outworkers, nor were there any infringements of the Act.

4. The Registered Workshops in the District are as follows :—

Bakehouses	8	Domestic Workshops	27
Brewers	8	Milliners	15
Cabinet Makers	11	Sundry Trades	143
Dressmakers	14	Tailors	22

5. Other Matters.

Class.		Number.
Matters Notified to H.M. Inspector of Factories ...		—
Failure to fix Abstract of the Factory and Workshop Act (Sec. 133)		—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (Sec. 5)	Notified by H.M. Inspector	7
	Reports (of action taken) sent to H.M. Inspector	—
Underground Bakehouses (Sec. 101) :—		
Certificates granted during the year		nil.
In use at the end of the year		nil

Smoke Abatement. There are only 12 tall chimneys in the Borough emitting varying volumes and types of smoke at intervals. No action has been taken during the year.

Premises and Occupations which can be controlled by Bye-laws or Regulations.

Common Lodging Houses. There are only two registered Common Lodging Houses in the Borough, controlled by Bye-laws and kept under constant supervision. Both premises have been well conducted during the year.

Houses Let in Lodgings. Owing to the Housing shortage there has been an increase in recent years in the number of tenement houses or Houses Let in Lodgings. On several occasions it has been urged that Bye-laws should be adopted for the better control of this type of house, which to all intents and purposes is a common lodging house except that the lodgers pay a weekly rent instead of so much per night.

Apparently there are certain misconceptions as to the aim and the operation of these proposed Bye-laws to which reference is desirable. In 1915 the Council objected to and threw out these bye-laws because it was considered that they might deal harshly with respectable private lodging house keepers or lodging houses in which one set of rooms only was let. Another point of view recently expressed was that the Englishman's house is his castle, and that any new form of official inspection or interference was distasteful. It must be pointed out, however, that the operation of these bye-laws is intended to deal with " Houses used for occupation by the working classes and let in lodgings or occupied by **members of more than one family.**"

Although certain lodging houses coming under the above definition might be subject, within the strict letter of the law, to control and supervision, in actual practice attention would be concentrated on the worst ones where bad and unhealthy conditions are known to exist.

Discretion and common sense are used and in this respect, even though the Englishman's house may be his Castle, sanitary officials have the power or can obtain an order, to enter any premises whether a mansion or slum dwelling, for the purpose of examining as to the existence of any nuisance therein.

In practice, the better class houses are not systematically visited unless a nuisance is reported or a request for inspection is made.

It is because the Health Department are aware of serious evils existing in certain low classes of lodging houses, in which many infants and children are being reared in an unfavourable environment, that action is necessary to protect them from unscrupulous landlords whose main consideration is as to how many sets of lodgers they can squeeze into the available accommodation, regardless of the effect on the health of the occupants.

An illustration can be given of two of these tenement houses called X and Y respectively.

In house X, three families resided.

Family A, consisted of husband, wife and five children. They occupied 2 rooms for which 8/- rent was paid. They lived upstairs, there was no larder, no sink, and no cooking accommodation, a small bedroom type of firegrate being used. All water had to be carried up from downstairs.

Family B, consisted of husband, wife and three children, also upstairs, in 2 rooms and under the same conditions. Rent 8/6.

Family C, consisted of husband, wife and four children under similar conditions in 3 small rooms. Rent 4/-.

There are two W.C's on the ground floor for the use of all the occupants of this lodging house.

During the year there was an outbreak of Bacillary Dysentery at this house involving 9 of the inmates.

In house Y, three families also resided, each family occupying one room, the rent paid by the tenants being 8/- in each case. Here again there were no sanitary amenities, and the only advantage possessed by this house over the other, was that downstairs a kitchen range was provided for one of the tenants and was probably used by the others as well.

Further comment is unnecessary, action is necessary, especially when it is known how the present situation offers such difficulties to the Housing Selection Sub-Committee. This Committee selects tenants for Council Houses, giving preference to large families or people housed as described above, and as a matter of fact families from one of these tenement houses have been selected. But, it is found that as soon as a family has moved, another family takes its place, and as there are no restrictions as to the number of occupants, it may mean that a larger family than the one displaced, sooner or later, appeals to the Committee for a Council house.

The Council spend money for the orthopædic treatment of children who develop rickets under similar conditions, milk is granted for expectant or nursing mothers and young children who are ailing, but might not some of this money be saved by enforcing bye-laws which would so improve the environment of these unfortunates, that such conditions might not arise

The Bye-laws would give power to enforce the provision of the various sanitary amenities, and moreover they would fix certain responsibilities as regards the sanitary provisions and maintenance of the premises, between the owner, the occupier and the lodger respectively.

Finally it may be added that such Bye-laws work smoothly and without friction in many other towns.

Offensive Trades. Six different types of offensive trade are carried on in the Borough, and the following number of premises in the different trades are registered.

Fried Fish Shops ...	15	Fellmongers	1
Rag and Bone Dealers ...	3	Tanners	1
Tripe Boilers and Gut Scrapers	2	Currier and Leather Dressers	1

All these businesses were conducted satisfactorily and no need for action arose during the year.

Cowkeepers and Milksellers. The number of Cowkeepers and Milksellers registered in the Borough is 82.

These consist of 23 premises where cows are kept and from which milk is retailed ; 29 milkshops from which milk is retailed but no cows kept and 30 retailers whose premises are outside the Borough.

Number of Inspections during the year	95
Notices verbal or written	16
Defects referred to	19
Notices complied with	16
Proceedings before Magistrates ...	Nil.

Canal Boats. Three boats were inspected during the year.

There were no irregularities or infringements of the Acts or Regulations.

No boats are registered in the Borough.

Shops Acts. Rag Flock Act. The provisions of these Acts were properly observed throughout the year.

At the beginning of this Section of the Report was given a statistical summary of the work done by the Sanitary Inspectors and it should be taken into account in assessing the amount of work done or the value of their work, that in Shrewsbury owing to its age and particular construction, sanitary matters require close attention and constant hard work, compared with many more modern towns, the builders of which have been enlightened by the advances of Science as applied to housing and town planning, so that defects are less numerous.

It is highly satisfactory from the point of view of the Health department, as well as to the officials directly concerned, and reflects also great credit on the civic sense of duty of the various owners concerned that out of 494 notices served, only 25 were formal or legal notices, and that 414 notices were complied with.

Proceedings before Magistrates were only necessary on two occasions which again is creditable to all concerned.

A tabulation of the particulars of the sanitary defects referred to in the above notices is as follows.

Details of Sanitary Defects Dealt with as a Result of Routine Inspection or Complaint.

Drains and closets choked or otherwise defective ...	231
Drains defective and requiring reconstruction ...	38
Defective roofs, walls, eaves-gutters and pipes ...	313
,, plaster, dirty walls and ceilings	61
,, paving of floors	21
,, ,, ,, yards	47
No scullery sinks	16
No proper refuse receptacles	257
Animals improperly kept	6
Accumulations of refuse	28
River pollution	1
Food pantries	5
Light and ventilation	6
Other defects	53
Total —	1083

Schools. The Medical Officer of Health is also School Medical Officer and carries out routine and special examinations of all elementary school children, as well as the treatment of minor ailments at the School Clinic which is held daily.

The School Clinic serves another very useful purpose, as arrangements have been made during this year, that all cases of infectious disease including non-notifiable diseases, as well as contacts of such diseases, must attend at the School Clinic for examination prior to their return to school. In this way potential carriers, or children who are actually suffering or have not quite recovered from an infectious disease can be further excluded from school to prevent the spread of infectious disease.

Teachers are supplied with a card containing information as to the periods of exclusion for the respective diseases, based on the Memorandum on Closure of and Exclusion from School issued by the Board of Education in 1925.

The sanitary condition of the schools as a whole is not good seeing that there are 3 schools and an Infant school which have been condemned by the Board of Education.

Further details of school environment, and the work of the School Medical Department can be seen on reference to the report of the School Medical Officer for the year 1925 and previous years.

HOUSING.

General Housing Conditions in the Area.

As a result of a Housing Survey held in 1919 according to the requirements of the Housing and Town Planning Act 1919, it was estimated that 550 new houses were required to be built within three years to meet the unsatisfied demand owing to increase of population and to replace other dwellings which were unfit for human habitation. Plans were prepared and submitted for two schemes, the one for building 164 houses at Longden Gardens, and the other for 196 houses at Coton Hill.

The average increase in the population of Shrewsbury has been in the neighbourhood of 160 persons per annum in the last twelve years, the yearly increase having been greater in the last compared with the first six years of that period.

Allowing an average of 4 persons to each house, it means that some 40 houses to provide for this increasing population alone ought to be built each year, exclusive of new houses required to replace unfit ones, or houses that have been demolished to make way for business premises.

The average number of working class dwelling houses built annually during the five years before the War was 50.

Building practically ceased for five years, after the outbreak of War, so that when peace conditions again prevailed, the arrears in houses for the working classes alone amounted to 250. In addition it was estimated that another 300 were required to replace obstructive and unfit dwellings, giving a total requirement of 550 houses.

At the end of 1920 only 28 houses erected under schemes of the Local Authority, were completed and occupied.

Coming to the period now under review (1921—1925) if allowance be made for an annual requirement of 50 working class dwellings during this period, it will be seen that the total requirements were 550 less 28 + 250 = 772. When considering this figure it must be borne in mind that no allowance has been made for overcrowding which was in existence prior to the War and has been aggravated since.

In the 1919 Housing Survey it was ascertained that nearly 300 houses intended and suitable for one family only, were being occupied by two or more families without having been adapted suitably. This was the state of affairs at the beginning of the period now being reviewed, and it is difficult to state how far that number has been altered one way or another at the end of the period viz. December, 1925.

Reference to the subjoined summary of Housing progress from 1921—25, will show the great strides made during that period, and yet the fact remains that there are still 1050 applicants for Council houses 400 of whom are already in houses of their own, presumably unfit houses, 450 are in lodgings, and 200 others, half of whom are non-resident but work in Shrewsbury, the other half having no family.

There are still others who have not troubled to apply for a Council house.

Number of Houses Completed 1921—1925.

Year.	By Local Authority.	By Private Enterprise with Government Subsidy.	By Private Enterprise.	Total Houses Erected Each Year.
1921	101	—	7	108
1922	100	—	10	110
1923	5	—	30	35
1924	44	50	17	111
1925	56	68	35	159
Total	306	118	99	523

The total number of houses suitable for occupation by the working classes completed during the period may be taken as the sum of columns 1 and 2 which is a total of 424.

At the beginning of the period it has been shown that approximately 772 houses were required and up to the present 424 have been erected leaving a total of 348 still to be built to cope with the shortage. Two housing schemes already in hand will be completed early in the year 1926 by the addition of 92 houses and a further scheme will be commenced at the Racecourse recently purchased by the Corporation for the provision of 50 houses.

It would appear that during the coming year, the number of houses built for the working classes by Local Authority Schemes and by private enterprise may be estimated at about 150.

If this is so, 570 of the 770 war and immediate post-war arrears will have been wiped out by the end of 1926.

The future estimated requirements include 200 houses to deal with shortage due to increase in population and the unfitness of many houses at present occupied, and another 200 houses to relieve overcrowding, giving a total future requirement above what is already in hand of 400 houses.

This review of the situation shows that the Council has not shirked its duties and that a real and commendable effort has been made to grapple with the accumulated arrears of past years, and to keep pace with present and future needs.

Among measures taken or contemplated to meet the shortage, mention must be made of a scheme proposed by the Chief Sanitary

Inspector of this Borough, Mr. T. Speake, to supplement the efforts of the Local Authority. He proposed in 1924 the formation of a Public Utility Society or Housing Trust, with the object of raising funds by voluntary philanthropic efforts and enlisting the support of all sections, creeds and denominations of the community, in order to build houses for the poorest, who are unable to afford the rent of a Council house. A committee composed of representatives of the various religious bodies, trade councils, and social organisations in the district has been formed since the end of the year and is about to launch a public appeal to collect finances, a policy having been decided upon. As an indication that the Local Authority welcome any help in the work they have to do as regards Housing, it may by mentioned that the Chairman of the Housing and Public Health Committees respectively have both consented to act on the Committee formed by the Shrewsbury Housing Trust.

Overcrowding. As no house to house survey has been made recently it is difficult to arrive at an accurate assessment of the extent of overcrowding, except that it is known that in 1919 there were 300 houses being occupied by two or more families. There are 450 applicants for houses at present, who are in lodgings which shows that there has been no diminution. The causes of this overcrowding are due to certain factors, one contributory factor being the establishment of a large wagon works within recent years on the Borough boundary employing at present 700 hands, about 300 of whom have had to find accommodation in the town.

The Housing Selection Sub-Committee in choosing tenants for Council houses have given preference to large families and to families who were in lodgings and during the year 1925 the families were re-housed as follows :—

Number of children in family.	In unfit houses.	In Apartments.	In houses closed during 1924.
9	1 families.	- families.	- families.
8	1	-	-
7	4	1	-
6	3	1	-
5	4	-	1
4	12	2	1
3	5	8	2
2	1	7	-
1	-	-	3

The total shows that 57 families were re-housed during the year.

Fitness of Houses. The general standard of housing in the area can be regarded as fairly satisfactory with the exception of the congested areas in the old part of the town.

A noticeable feature and one that will have to receive more attention very shortly, especially in view of the imminent introduction of the Public Health (Preservatives, etc. in Food) Regulations, is the lack of proper food storage accommodation. We are obtaining increasing knowledge of the value to health and growth, of fresh foodstuffs as compared with preserved, concentrated or sophisticated foods, and this knowledge will have to be handed on, but it cannot be utilised practically if facilities are absent. Food has been seen to be kept in the following places in various houses (1) on a shelf in the living and sleeping room, (2) in soap boxes in a hot kitchen, (3) in a coal cellar, (4) under a bed, (5) under the stairs with the coal supply. Is it any wonder that under such conditions resort is made to tinned foods, or that some households misuse the sanitary dust bin provided by the owner, by converting it into a food bin ?

Owing to the cramped condition of many old houses it is not practicable to construct a proper larder, but certain improvisations are possible in some cases, such as the fixing of a cage larder on an outside wall, or by partitioning off a space inside the house and inserting an air brick for ventilating purposes.

Absence of scullery sinks is another matter that is being attended to and when provided are an inducement to the housewife to keep food utensils clean, and thus deprive that foul feeder, the fly, of the opportunity of introducing infection, via food and food utensils left lying about as is so often encountered.

During the year 302 houses were inspected under the Housing Acts and Regulations and in 246 of these houses, defects were found, details of which are appended.

Defects Found.

Overcrowding	42
Closet accommodation	120
Drains	132
Lighting and ventilation	62
Walls, roofs, eaves gutters and pipes	158
Plastering, dirty walls and ceilings	163
Paving of floors	145
Paving of yards	126
Scullery sinks	99
Food stores	117
Outbuildings	66
Refuse receptacles	168
Other defects	97
Total defects	1495

Notices are served in respect of these defects and in the great majority of cases the matter is attended to and remedied without undue protest or obstruction by the owners, but the amount of supervision, guidance and advice given by the Sanitary Staff entails frequent visiting, inspection and final approval that the work has been carried out in a proper manner.

The work of the Sanitary Inspector does not end with the service of a notice to carry out certain repairs, and although it cannot be said that it begins at this point, it is a most important juncture of the proceedings, not only from the tenant's point of view, but also from the owner's, because if the work is carried out improperly it may have to be done all over again before official recognition and approval is given that the defect has been properly remedied.

Reference to Section C of the Housing Statistics for 1925 which follow will show that 10 houses were represented for closure by the Medical Officer of Health, during the year, as a result of an offer of the Housing Committee to allot a certain number of Council houses for disposal by the Public Health Committee in re-housing tenants displaced as a result of the operation of Closing Orders. Orders were made in respect of two houses only, but one of these is in abeyance pending an appeal to the Ministry of Health by the owner, the other tenant was given a house.

With regard to the eight houses against which Closing Orders were not put in force, the difficulty encountered by the Committee was that the tenants of these houses were either not in a position to pay the rent of a Council house, or were totally undesirable as Corporation tenants. It is natural that the Corporation as landlord has to protect its own interests; but the problem remains that the children in these particular houses are having to suffer owing to their parents indigence or indolence.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year :—

(*a*) Total (including numbers given under (*b*)) ...	159
(*b*) With State assistance under the Housing Acts :—	
(i) By the Local Authority	56
(ii) By other bodies or persons	68

I. Unfit dwelling houses.

INSPECTION.	(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1089
	(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations‘ 1910, or the Housing Consolidated Regulations 1925	302
	(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	10
	(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	1015

2. Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	920

3. **Action Under Statutory Powers.**

A. Proceedings under Sec. 3 of the Housing Act 1925.

(1) Number of dwelling houses in respect of which notices were served requiring repairs ... ... Nil.

(2) Number of dwelling houses which were rendered fit after service of formal notices :

- (*a*) By owners ... ... Nil.
- (*b*) By Local Authority in default of owners Nil.

(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close Nil.

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 25

(2) Number of dwelling houses in which notices were remedied after service of formal notices :

- (*a*) By owners 25
- (*b*) By Local Authority in default of owners Nil.

C. Proceedings under sections 11, 14 and 15, of the Housing Act 1925.

(1) Number of representations made with a view to the making of Closing Orders 10

(2) Number of dwelling houses in respect of which Closing Orders were made 1

(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling house having been rendered fit 1

(4) Number of dwelling houses in respect of which Demolition Orders were made ... ... Nil.

(5) Number of dwelling houses demolished in pursuance of Demolition Orders ... ... Nil.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply. The wholesomeness of the milk produced within and brought into the Borough depends on many factors and supervision though necessary and desirable at every stage cannot be carried out completely unless the milk consumed in the area is entirely produced in that area.

A considerable portion of the milk retailed in Shrewsbury is produced outside the Borough boundaries where control is out of our hands and for control purposes co-operation is necessary with the authorities in the area in which the milk is produced.

A pure milk supply depends upon the following essentials. (1) A healthy herd of cattle. (2) Sanitation of the milking shed, including clean milking methods. (3) Cleanliness in transport from producer to retailer. (4) Hygiene of milkshops and methods of retailing. (5) Proper accommodation for milk storage in the home. (6) Freedom from adulteration by the addition of preservatives, colouring matter or water.

Healthy herd of Cattle. This desirable state of affairs can only be ensured by inspection and re-inspections of the herd by a Veterinary Surgeon to eliminate tuberculous or unhealthy cattle. In addition under the Tuberculosis Order of 1925 which came into operation on September 1st., and aims at the destruction of every cow suffering from tuberculosis of the udder or giving tuberculous milk, it is now possible for owners who suspect or have reason to believe that any cow is suffering from Tuberculosis, to have that cow examined and if necessary destroyed, compensation being payable.

As the above methods of dealing with potential sources of unsound milk produced outside the Borough are not within the direct control of the Local Authority the only method of ascertaining the purity of milk sold in the Borough is by means of taking samples which can be analysed bacteriologically and chemically.

Under Section 4 of the Milk and Dairies (Consolidation) Act 1915 which also came into force on September 1st 1925, if the Medical Officer of Health of a local authority has reason to suspect that tuberculosis is caused or is likely to be caused by the consumption of any milk which is being sold within the area of the local authority, he shall endeavour to ascertain the source, and on ascertaining the facts shall forthwith give notice of them to the

Medical Officer of Health of the County in which the cows from which the milk is obtained are kept. It is then the duty of the County Medical Officer of Health to cause the cattle to be inspected and make such other investigations as may be necessary.

Thus, in this indirect way action can be taken by the Local Authority to prevent the sale of tuberculous milk in their area.

Bacteriological examinations of milk have been in abeyance since the war, and it is desirable that such examinations should be resumed. Not only in this particular direction, but for other bacteriological work, the time is now ripe for the establishment of a County Bacteriological Laboratory in Shrewsbury, a scheme for which has been under consideration by the County Health Committee.

Sanitation of milking sheds including clean milking methods. Primitive ideas and methods are unfortunately still prevalent in many farms, but by educating the milker, and by supervision of the sanitation of the milking sheds, much can be done to improve the cleanliness and hence the keeping qualities of the milk.

Visits are made to such premises in the Borough, and during the year 19 defects were referred to and dealt with. They included defective paving and drainage of floors, need of limewashing, and accumulations of manure.

Cleanliness in transport from producer to retailer. Milk has not any great distances to travel before reaching the consumer in Shrewsbury, so that possible chances of contamination areminimised. A small amount of bottled milk is now sold in the town.

Hygiene of milkshops and methods of retailing. Milkshops and dairies have been inspected periodically and are well kept. The delivery of milk is still done in unsatisfactory ways. Too often does the milkman's hand which is never clean, dip into the milk as he ladles it out of the can, and the milk is further contaminated every time the milk can lid is opened, by dust from the street gaining access. In addition the practice of one retailer selling milk to another during the round still continues.

Proper accommodation for milk storage in the home. Comment has already been made concerning the absence of larders or pantries in which milk can be kept cool and covered. Information has been received from several mothers that even if they could afford milk for their children, they have no place in which it can be kept.

Freedom from adulteration. Samples of milk are taken at odd times from the different milksellers in the course of a daily round and are submitted to the Public Analyst for chemical analysis, who also analyses for dirt and the presence of preservatives or colouring matter.

It is satisfactory to note that during the year 1925, 55 samples of new milk were taken, 48 of which were Formal samples and 7 Informal samples. In only one case was there adulteration according to the statutory limit, the sample being a decimal point below the minimum standard of fat requirement, consequently no action was taken.

During the five year period 1921—1925, 242 samples of milk have been analysed of which only 11 have been found to be adulterated, which is 4.5% of the whole.

No action as to tuberculous milk or tuberculous cattle has been taken during the year.

No licences have been granted for the sale of milk under special designations, and no certified or other grade milks are on sale in the town.

MEAT. With exception of two small private slaughterhouses all slaughtering is carried on at the Public Abattoir under the direct supervision of the whole time Superintendent who is a qualified Meat Inspector and inspects all slaughtered animals; the work done in the course of the year being as follows.

Public Abattoir.

Animals slaughtered at the Abattoir during the year ended 31st December, 1925 :—

Beasts	2568
Calves	1469
Sheep and lambs	10800
Pigs	6515
Total ...	21352

The following casualty carcases were also brought in for inspection and disposal:—

Beasts	27
Calves	15
Sheep and Lambs	141
Pigs	74
Total ...	257

Diseased and unsound conditions found in the animals dealt with caused the detention and surrender for destruction of a total weight in carcases and offals of 10 tons, 15 cwts., 3 qrs., details of which are given in the following table.

		Carcases.	Offals.	Totals in lbs.
Beef	lbs.	11288	3913	15201
Veal	,,	717	101	818
Mutton and Lamb	,,	2138	507	2645
Pork	,,	4184	1316	5500
Totals ...	,,	18327	5837	24164

Particulars of the diseased conditions found are set out in the accompanying table.

Disease.	**Cattle.**	**Calves.**	**Sheep & Lambs.**	**Pigs.**
Tuberculosis :				
Localised ...	22	-	-	133
Generalised ...	11	-	-	15
Black Quarter ...	3	1	-	-
Pyæmia ...	2	3	2	2
Actinomycosis ...	2	-	-	-
Sepsis ...	1	2	3	-
Hydræmia ...	-	-	12	-
Johne's disease ...	1	-	-	-
Emaciation ...	3	-	3	-
Swine Erysipelas ...	-	-	-	5
Uræmia ...	1	-	1	1
Miscellaneous conditions	2	9	21	4

It will be noticed that the commonest cause of disease was Tuberculosis, which is more marked in pigs, than in cattle, one reason for this being that pigs are often infected with tuberculosis by drinking whey or skimmed milk containing the Tubercle Bacillus.

Of 2568 cattle slaughtered 33 or 1.2% were tuberculous whereas of 6515 pigs slaughtered 148 or 2.2% were tuberculous, and these percentages have been practically constant respectively each year during the last five years.

No scheme has been introduced for the marking of meat which has been inspected.

The condemned meat is now disposed of in a very satisfactory way. It is rendered down in a steam vat at the Abattoir, being sterilised for 30 hours. The supernatant fat is sold to tallow merchants and the boiled down meat is sent to the Corporation Farm for pig food. The bones are sold separately.

Public Health (Meat) Regulations, 1924. All butchers occupying shops in the Borough or stalls in the Market Hall were served with copies of these regulations.

It is creditable to report that all the butchers' shops in Shrewsbury are now provided with glass shop fronts with one exception and this shop is in a back street and is only open for definite periods in the week.

Carts used for transporting meat from the Abattoir to the various shops are kept under daily observation and are cleansed regularly and the meat is properly covered before it leaves the Abattoir.

The number of private slaughter houses in the area at the dates mentioned are as follows.

	In 1920.	In Jan. 1925	In Dec. 1925
Registered ...	3	1	1
Licensed ...	1	1	1
Total ...	4	2	2

The people of Shrewsbury are very fortunate in that the work carried out under the supervision of Mr. Farrell at the Abattoir is so thorough and well done, and they can now be assured of buying meat that is sound as well as clean. The importance of this statement can but be illustrated by the fact that before the establishment of a Public Abattoir, the amount of meat surrendered as unfit for human food was practically nil, whereas in the last five years over 50 tons or an average of 10 tons a year of unsound meat has been condemned.

The work at the Abattoir is now very heavy and consideration will have to be given to the question of an increase of lairage accommodation which is badly wanted.

Other Foods. Inspections of places where food is sold or prepared are frequently made by the Sanitary Inspectors. It has not been necessary to take any action with regard to premises themselves which have been kept in a cleanly manner and without nuisance. But if the public demand for clean food increases, attention will have to be focussed on many habits which at present are undesirable in the exposure and handling of food. For instance the following happenings are still too frequent (1) exposure of confectionery to contamination by dust and flies, (2) wetting the finger as an aid to opening a bag, (3) blowing into a bag to make it open, and (4) chiefly as regards females, the practise of attending to the coiffure prior to or in the course of handling foodstuffs, but perhaps this habit is becoming less frequent owing to the prevailing fashion in hairdressing.

The following food was surrendered voluntarily as unfit for human consumption 1 tin of corned beef, 110 tins of plums.

The only action of importance taken during the year with regard to seizure of unsound food exposed for sale, was in the case of eggs in the Market Hall. A vendor had 243 eggs for sale, of which, after testing, 89 were found to be unsound. In the course of proceedings before the magistrates it was admitted that many of the eggs had been found in some old nests during the removal of some straw from a barn and that they were not new laid eggs. The two defendants were fined £10 and £3 respectively, including costs.

No cases of food poisoning were reported during the year and the only outbreak during the last five years occurred in 1921 when

32 persons attending a wedding breakfast were more or less affected as a result of eating the food provided. Detailed investigations were made, with the resultant isolation of the Bacillus Aertrycke, a bacillus belonging to the food poisoning group, which was undoubtedly the cause of the outbreak, but the actual article of food contaminated or the method of contamination could not be discovered. Fortunately no deaths occurred.

Sale of Food and Drugs Acts.

Samples of various foods were taken during the year, 64 being " Formal " samples and 26 " Informal " samples, all of which were genuine with the exception of the case mentioned previously which did not justify any action being taken.

Article.	Number of Samples.		Result of Analysis.
	Formal.	Informal.	
Milk ...	48	7	54 Genuine.
Condensed Milk	—	2	Genuine.
Cream ...	1	4	,,
Preserved Cream	—	2	,,
Butter ...	8	1	,,
Margarine ...	2	2	,,
Cheese ...	1	—	,,
Sponge Cake ...	—	3	,,
Cocoa ...	—	2	,,
Coffee ...	2	2	,,
Beer ...	2	1	,,
Totals ...	64	26	

No action has been taken under the Public Health (Dried Milk) Regulations, 1923.

Milk and Cream Regulations 1912 and 1917.

The appended report shows that all the samples taken under these regulations were genuine.

PUBLIC HEALTH (MILK and CREAM) REGULATIONS, 1212 and 1917.

REPORT FOR THE YEAR ENDED 31ST DECEMBER, 1925.

1. **Milk and Cream not sold as Preserved Cream.**

	Number of samples examined for the presence of a preservative.	Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk	55	Nil
Cream	5	Nil

2. **Cream sold as Preserved Cream.**

(*a*) Instances in which the samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i)	Correct statements made ...	2
(ii)	Statements incorrect	-
	Total ...	2

(iii) Percentage of preservative found in each sample ... ... (1) 0.1, (2) 0.1 } Boric Acid.
Percentage stated on statutory label not exceeding ... 0.40 Boric Acid.

(*b*) Determinations made of milk fat in cream sold as preserved cream.

(i)	Above 35 per cent.	2
(ii)	Below 35 per cent.	
	Total ...	

(*c*) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed—None.

(*d*) Particulars of each case in which the Regulations have not been complied with' and action taken.—None.

3. Thickening Substances.

Any evidence of their addition to cream or to preserved cream.
None.

Prevalence of, and Control over, Infectious Disease.

Infectious Diseases Notified, 1920-1925.

	1921	1922	1923	1924	1925
Small-pox	—	—	—	—	—
Diphtheria	57	15	11	28	19
Scarlet Fever	33	35	50	99	86
Typhoid Fever	1	2	—	1	1
Puerperal Fever	—	2	3	4	2
Ophthalmia Neonatorum	4	2	3	6	3
Erysipelas	17	7	12	4	7
Poliomyelitis	1	—	—	1	—
Polio Encephalitis ...	—	—	—	—	1
Encephalitis Lethargica ...	2	2	—	6	2
Cerebro-Spinal Fever ...	—	—	—	—	—
Pneumonia	43	61	43	38	25
Malaria	2	—	—	—	—
Dysentery	—	—	—	—	9
Totals	160	126	122	187	155

It may be stated that in the period since 1920 there have been no widespread epidemics of notifiable infectious diseases.

No cases of Small-pox or Cerebro-Spinal Fever were notified in the five years; Typhoid Fever is comparatively rare and with the exception of Scarlet Fever, Diphtheria and Pneumonia, the other forms of infectious diseases notified were small in number.

Scarlet Fever is endemic, sporadic cases occurring in practically every month of the year. Fortunately the type has been a very mild one on the whole, which partly accounts for its endemicity, in that there have been many "missed" cases of sore throat accompanied with a slight or fleeting rash, which was disregarded and left untreated by the patient.

Diphtheria has also been of a mild type, throughout the period. The incidence of this disease is small, it is notified promptly and early treatment which is so essential in this disease, is usually given by medical practitioners in the area prior to removal to Hospital.

The death rates per 1,000 population from Scarlet Fever and Diphtheria in the last five years have been as follows.

	1921.	**1922.**	**1923.**	**1924.**	**1925.**
Scarlet Fever ...	0.00	0.03	0.00	0.00	0.03
Diphtheria ...	0.09	0.00	0.00	0.00	0.09

Acute primary pneumonia and acute Influenzal pneumonia do not appear to be notified promptly, if at all by some of the medical practitioners in the area. The other diseases notifiable under the Regulations of 1919 viz: Malaria, dysentery and trench fever have not occurred to any extent.

Encephalitis Lethargica has not increased, and little can be said as to the clinical features of this alarming infection of the nervous system.

				Deaths.	
	Total Notifications.	Children.	Adults.	Children.	Adults
1921 ...	2	-	2	-	1
1922 ...	2	1	1	1	-
1923 ...	-	-	-	-	-
1924 ...	6	2	4	2	2
1925 ...	2	-	2	-	2

Notifiable Diseases (other than Tuberculosis) during the Year 1925.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.													NUMBER OF DEATHS.													Total Cases removed to Hospital.
		At Ages—Years.													At Ages—Years.												
	At all Ages.	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & upwards	At all Ages.	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & upwards.	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	19	...	1	...	3	2	4	5	1	2	1	...	...	3	...	1	...	...	1	1	...	...	...	...	...	...	17
Erysipelas	7	...	...	...	...	...	...	...	...	3	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Scarlet Fever	86	...	1	4	5	6	40	14	6	8	...	2	...	1	...	...	...	...	...	1	...	...	...	...	...	...	82
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Puerperal Fever	2	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...
Ophthalmia Neonatorum	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Pneumonia	25	...	1	1	1	1	2	2	1	8	1	4	3	30	10	3	2	...	...	1	...	...	1	1	7	5	...
Cerebro-Spinal Fever ...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	2	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	1	1	...
Polio-Encephalitis ...	1	1	...	...	..	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	9	1	1	...	1	...	2	2	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Trench Fever	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Totals	155	5	4	5	10	9	48	23	9	22	6	8	6	39	11	4	2	...	1	3	...	...	3	1	8	6	110

Monthly Incidence of Infectious Diseases Notified, 1925.

Month.	Cerebro-Spinal Fever.	Diphtheria.	Dysentery.	Encephalitis Lethargica.	Erysipelas.	Malaria.	Ophthalmia Neonatorum.	Poliomyelitis.	Polio-Encephalitis.	Pneumonia.	Puerperal Fever.	Scarlet Fever.	Typhoid Fever.	Trench Fever.
Jan. ...	—	2	—	1	—	—	—	—	—	4	—	7	—	—
Feb. ...	—	5	—	—	3	—	—	—	—	3	—	8	—	—
March ...	—	2	9	—	1	—	—	—	—	4	1	11	—	—
April ...	—	—	—	—	—	—	—	—	—	4	—	11	—	—
May ...	—	2	—	1	—	—	—	—	—	1	—	5	—	—
June ...	—	1	—	—	—	—	—	—	—	—	—	3	—	—
July ...	—	1	—	—	—	—	1	—	—	—	—	4	—	—
August	—	1	—	—	—	—	2	—	1	1	—	10	1	—
Sept. ...	—	1	—	—	—	—	—	—	—	—	—	2	—	—
Oct. ...	—	1	—	—	1	—	—	—	—	2	—	12	—	—
Nov. ...	—	3	—	—	1	—	—	—	—	2	—	4	—	—
Dec. ...	—	—	—	—	1	—	—	—	—	4	1	9	—	—
Totals ...	—	19	9	2	7	—	3	—	1	25	2	86	1	—

The only noteworthy feature of the year 1925 as regards notifiable infectious disease was a small outbreak of Bacillary Dysentery which occurred in March, was confined to three families living in a tenement house, and affected 9 individuals of whom 7 were children.

Information was received by the Health Department from a local doctor that he had been treating certain patients all residing in one house, for an illness which was suggestive of Dysentery. A visit was made and enquiries set on foot, specimens of stools being taken and sent to the University of Birmingham for bacteriological diagnosis. The report showed the presence of the Bacillus of Dysentery (Flexner) in one of the specimens submitted. The affected patients were removed to the Underdale Smallpox Hospital which was temporarily opened to accommodate them, and the remaining contacts were kept under close observation. Samples of blood were taken from some of the patients and sent to the Pathological Laboratory of the Ministry of Health, where it was found that the sera from these samples gave positive results in the agglutination tests with stock cultures of the Flexner Bacillus (Y type).

Investigations as to the origin of the outbreak revealed that there had been contact with a close neighbour who was an ex-Service man and who had suffered from Dysentery at Salonica on several occasions between 1915 and 1918 and who had recently had a recurrence.

A specimen of his blood was sent to Birmingham and the report stated that his blood serum gave positive results on tests for agglutination of (1) a stock and a culture of Flexner's Dysentery Bacillus and (2) a culture isolated from the stools of one of the patients.

There would appear to be no doubt that this man originated, the outbreak because (1) the same lavatory was used (2) the washing of these families was what is termed a general wash in the same boiler.

After a short period of isolation in hospital the patients all recovered quickly and there were no further cases.

WORK OF THE ISOLATION HOSPITAL.

The new Isolation Hospital of the Shrewsbury and Atcham Joint Hospital Board was opened in November 1923. It has accommodation for 26 patients and contains two main wards used at present for Scarlet fever and Diphtheria respectively, a small isolation ward, and a small operating theatre ward.

The staff consists of a Matron, four nurses, six domestics, one resident engineer, a gardener, and an assistant to the engineer and gardener.

Patients from the Borough are conveyed to the hospital in a horse ambulance which is a slow method seeing that the hospital is two miles from the centre of the town, and it is comparatively costly, because very often double journeys have to be made, one journey being necessary to pick up an ambulance nurse from the hospital and thence to the patient's house, the second journey for the conveyance of the patient to hospital and the return of the ambulance to its stabling in the town.

This cumbersome arrangement could be obviated by the substitution of a motor ambulance which could be kept at the hospital itself in the empty garage which has been provided for the purpose.

Patients are received into the hospital from, Shrewsbury, the Atcham Rural district, from other localities in the County of Salop and from the County of Montgomery, and the admissions from these various areas during the last five years is set out as follows.

	Shrewsbury.	Atcham.	Other Areas.	Total.
1921	86	49	19	154
1922	51	26	19	96
1923	60	23	10	93
1924	116	27	13	156
1925	117	43	18	178

The cases dealt with during the year and the locality from which they were sent is given in the following table.

	Scarlet fever.	Diphtheria.	Other diseases.	Number of Deaths.
Shrewsbury ...	85	21	11 (9 cases of Dysentery)	3
Atcham Rural Dist.	35	8	-	1
Shifnal ...	1	-	-	-
Ludlow ...	2	1	-	-
Oakengates ...	-	1	-	-
Wellington ..	8	-	-	-
Newport (Salop) ...	1	1	-	-
Montgomeryshire...	3	-	-	-

The average duration of stay in Hospital of Scarlet Fever patients was 40 days and that of Diphtheria patients 27 days.

There were 6 "return" cases of Scarlet fever and none of Diphtheria.

As regards the "return" cases of Scarlet fever it has been experienced that latent infectivity has been lighted up by the occurrence of a "Cold" after the patient has returned home, and it is this nasal discharge containing the Streptococcus Scarlatinæ which spreads infection to susceptible contacts.

As a matter of routine, no case is discharged from hospital as long as there is any running from the nose or ears and it is now our practice, if these conditions persist for any length of time, to perform an operation for the removal of adenoids or tonsils or both which speedily remedies this cause of prolonged convalescence.

In addition, every case on discharge from hospital, is given a copy of the following notice, which if carried out when practicable, should be of much service in preventing the occurrence of fresh cases.

Operations under a general anæsthetic were performed for the following conditions. Tracheotomy, incision of gland, removal of tonsils and adenoids, cellulitis of arm. There was one operation in each case.

SHREWSBURY and ATCHAM JOINT HOSPITAL BOARD.

Convalescence after Fever.

To Parents, Guardians and Others,

Although every care is exercised to prevent the carriage of infection by persons discharged from the Isolation Hospital, it is impossible in some cases to ensure against such an accident; for no one can say with certainty how long such a disease as Scarlet Fever or Diphtheria may lurk in the system.

Parents and others should take the following precautions:—

1. No person discharged from a Fever Hospital should be allowed to sleep in the same bed as another person until at least a fortnight after discharge.
2. Avoid heated rooms, keep the windows open and get plenty of fresh air.
3. No person discharged from a Fever Hospital should kiss, fondle or handle other children.
4. If the person recently convalescent, develops either a sore throat, discharge from the ear or nose or a breaking out on the skin, isolation should be carried out and a Doctor should be consulted.

In any case, the Joint Hospital Board cannot accept responsibility or liability for the outbreak of infection or any complication subsequent to the discharge of patients from Hospital and patients are only admitted on this clear understanding.

A. D. SYMONS, M.D.,
Medical Superintendent,
Monkmoor Isolation Hospital.

N.B. 1. All clothing is thoroughly disinfected before the discharge of a patient.
2. School Children not to be re-admitted to school for at least a fortnight.
3. Shrewsbury Children should attend School Clinic for examination before re-admission to school.

Name...

Special conditions on discharge...

Date...

Patients are now treated on open air principles, windows being kept open day and night all the year round, much to the horror of visiting relations and others. Needless to say this stimulating, cooling and pure fresh air has had an excellent tonic effect on the patients whose recovery has been quick and their complications negligible. The nursing and domestic staff too, it is gratifying to report, were entirely free from illness of any sort throughout the year, and there were no cases of cross infection or secondary illness among the patients.

Cases sent in were re-diagnosed after suitable observation as follows.

Number of cases.	Original diagnosis.	Revised diagnosis.
1	Diphtheria.	Measles.
5	Diphtheria.	Tonsillitis.
3	Scarlet fever.	German Measles, Septic rash, Erythema.

The open air treatment of Fevers, combined with wholesome and fresh food obtained from the hospital garden, render the nursing of the present mild type of Scarlet fever and Diphtheria a simple matter and it may be stated without hesitation, however unconvincing to the lay mind, that an attack of this mild type of Scarlet fever is one of the best things that can happen to certain debilitated children from the slums of Shrewsbury.

Once the short period of fever and accompanying malaise is over, convalescence rapidly sets in and they are allowed to be up and out in the grounds of the hospital playing on the grass. Many little patients, having forgotten the period of home sickness, have later on expressed the wish to return to Monkmoor, and their parents in many cases have been surprised when taking them home, rosy cheeked and plump, expecting and even coming prepared to remove them swathed in blankets, mufflers and overcoats.

It would be a considerable advantage and help in this therapeutic form of convalescence, as there are no verandahs, if there could be erected an out door shelter similar to those seen at the seaside with seats facing the four points of the compass, so that convalescent children could be allowed out of doors even on rainy days. As things are at present, when wet, convalescent children have to stay in the ward into which acute cases are being admitted, as the present accommodation will not permit of an "Acute" ward and a "Convalescent" ward. There is no doubt that the throat of a convalesent child may become re-infected with the germ of Scarlet fever from an acute case admitted to the same ward, so that the infectivity of that convalescent child is increased. If the child could be out of doors most of the day, wet or fine, the chances of re-infection would be minimised.

One other suggestion, which is not a new one, may be put forward at this juncture and that is, that it would be feasible and of considerable value, if at Monkmoor, there could be erected a small sanatorium to deal with some of the Borough cases of advanced Tuberculosis. The services in the form of accommodation for nursing staff, lighting, heating, etc., are already there, and if such a cheap building were erected it could serve as a Smallpox Hospital in times of emergency, when the Tuberculous patients could be discharged. At present about £20 a year is spent on the Smallpox Isolation Hospital at Underdale Road, which is in a bad situation and is rarely used. Would it not be better to spend this £20 towards the upkeep of a live institution which would be doing a tremendous amount of good, not in curing advanced Tuberculosis, but in removing such cases from their unhygienic environment, preventing the spread of infection, and educating them as how best to conduct themselves if and when they should have to return to that environment ?

A certain number of beds could also be allocated for the open air treatment of pre-tubercular children or cases of glandular Tuberculosis, in this Sanatorium Block.

The value of the Schick test and protective immunisation against Diphtheria of those whose work lies among fever patients was pointed out to the Joint Board at the end of the year and it was decided that the present nursing and domestic staff, with their own consent, should be tested and immunised, and that it should be a condition of engagement in future that all nurses or maids should be Schick tested.

Since the end of the year this has been carried out.

No work has been done with regard to the Dick test in Scarlet fever.

BACTERIOLOGICAL WORK.

Although there is a Borough Bacteriological Laboratory it is mostly one in name only. It is impossible for a modern Medical Officer of Health with his many duties, to be able to devote the considerable amount of time necessary in bacteriological work, and moreover it requires an expert in that branch of science to carry out the delicate and intricate tasks performed in modern bacteriology.

There is no large Laboratory nearer than Birmingham and it is time that one should be provided for the County of Salop, situated at Shrewsbury, and available for the uses of medical men and others in the County as well as the Borough.

One cogent reason why such a laboratory is needed close at hand, is that very often delicate micro-organisms such as the gonococcus or the meningococcus die if not cultured as soon as possible after the taking of a swab, and the result comes back negative, which is not only misleading, but is a waste of money.

Swabs of diphtheria and suspected diphtheria cases are cultured and examined in the Borough laboratory and the work done during the year is as follows :

	Total.	Positive.	Negative.
Swabs taken at Isolation Hospital	451	42	409
,, ,, of School Children ...	70	5	65
,, sent by Local Doctors ...	230	15	215

The undermentioned specimens from the Borough and paid for under the County Council Scheme were sent to the University of Birmingham.

	Positive.	Negative.
Sputum for Tubercle Bacillus	17	83
Swabs for Diphtheria	3	12
Widal's reaction for Typhoid fever	3	13
Blood of Dysentery carrier	1	
Stools of Dysentery patients	1	7

NON NOTIFIABLE ACUTE INFECTIOUS DISEASES.

The majority of these diseases occur in infants and school children and information as to the incidence are necessarily incomplete, but some idea of the prevalence of these diseases in the respective years can be gathered from the returns obtained from the teachers of the elementary schools and is set out below. These returns do not of course include children under school age.

INCIDENCE OF NON-NOTIFIABLE INFECTIOUS DISEASES IN ELEMENTARY SCHOOL CHILDREN, 1921—1925.

	1921.	1922.	1923.	1924.	1925.
Measles ...	7	26	774	28	446
Whooping Cough	53	157	116	67	78
Chicken Pox ...	125	74	147	93	157
Mumps	381	58	15	38	349

During this five year period there have been 14 deaths attributed to measles and the same number to Whooping Cough.

It is interesting to contrast this number of deaths with those attributed to Scarlet fever and Diphtheria in which during the same five year period, there were respectively only 2 and 6 deaths.

The present mild type of Scarlet fever has been commented on elsewhere in this report, and if this experience continues it would appear that the future functions of an Isolation Hospital ought to include accommodation for Measles and Whooping Cough in lieu or in addition to Scarlet fever, seeing that the complications and after effects of these two diseases are very serious compared with the now less frequently occurring complications of Scarlet fever.

Efforts are made to control these non-notifiable infectious diseases by exclusion of children from school, together with the immediate close contacts, and the following directions based on the suggestions issued by the Board of Education are supplied to all Head Teachers for their guidance.

BOROUGH OF SHREWSBURY EDUCATION COMMITTEE.

Directions as to Exclusion of certain Scholars on account of Infectious Disease.

	Period of Exclusion.	
	Patient.	Contacts.
Scarlet Fever.	Two weeks after return from hospital, or, in the case of patients treated at home, two weeks after release from isolation.	One week after removal of patient to hospital, or, in the case of patients at home one week after release from isolation.
Diphtheria.	Two to three weeks after end of attack; or until pronounced free from infection by a medical practitioner.	Two weeks after removal of patient to hospital, or, in the case of patients treated at home, ten days after release from isolation. Negative swabs should be obtained.
Measles.	Three weeks from date of appearance of rash.	Infants, and other children who have not had the disease, three weeks from date of onset of last case in house.
German Measles.	One week from date of appearance of rash.	Infants and other children who have not had the disease three weeks from date of last exposure to patient with rash.
Whooping Cough.	Six weeks from commencement of cough.	Infants only, for six weeks from date of last case, or three weeks from date of last exposure to infection.
Mumps.	Until one week after subsidence of swelling.	No exclusion.
Chicken Pox.	Three weeks, or until all scabs have disappeared.	Infants, and other children who have not had the disease, three weeks from date of last exposure to infection.
Ringworm.	Until certified by S.M.O. as free from infection.	Exclusion not necessary.

A. D. SYMONS,
School Medical Officer.

N.B.—All cases excluded, for infectious disease, as well as excluded contacts, should be sent for examination to the School Clinic before re-admission to school.

The Health Visitors visit cases of children under school age giving advice and where necessary supervising the home nursing of such cases.

There has been no epidemic of Influenza in the last five years. The number of deaths from Influenza namely 21, 35, 30 39, and 8 in the respective years is not a true indication of the mortality from this disease, as many of the certificates of death were signed by a certain practitioner whose custom it was to diagnose Influenza very frequently.

Cleansing and Disinfection.

The number of old houses in the poorer quarters of the town, which, owing to their age and construction are such that they are infested with vermin, creates a difficulty which could be overcome by the provision of a Cleansing Station with which could be combined a Disinfection station where infested or infected bedding and clothes could be treated. There is a steam disinfector at the Isolation Hospital, but owing to the cost of transport it has not been found feasible to utilise this apparatus.

It has been intimated that a Cleansing and Disinfection station could be attached to a Refuse Destructor Works if and when the Council consider the erection of such a plant, and the matter is all the more needful if Sections 45 and 48 of the Public Health Act 1925 are adopted by the Council. Section 49 of the same Act gives a local authority power to provide cleansing stations, apparatus and attendants.

It is appropriate here to mention that the Education Committee have authorised the School Medical Officer to deal rigidly and thoroughly with verminous children attending elementary schools, but experience is showing that however strong the efforts made in dealing with these children, there are a certain number of cases that recur again and again owing to the fact that they become re-infected in their homes from bedding or from other members of the family.

If a Cleansing and Disinfection Station were to be provided, there would be power to cleanse the verminous premises as well as individual sufferers.

At present verminous premises are dealt with on request only by the burning of sulphur or the application of a special preparation to floors.

After infectious diseases, the rooms and bedding are sprayed with Formalin with in addition in certain cases the burning of a formalin lamp.

Appended is a summary of the work done by the Sanitary Inspectors with respect to Infectious Diseases.

Visits made in connection with infectious disease	232
Cases removed to Hospital by Inspectors	44
Disinfection carried out after :	
Tuberculosis	50
Scarlet Fever	76
Diphtheria	22
Other Diseases	41
Total ...	189

TUBERCULOSIS.

There were 23 deaths from all forms of Tuberculosis during 1925, which give a death rate from Tuberculosis of 0.72 per 1,000 of population.

Of these 23 deaths, 19 were from Phthisis or Pulmonary Tuberculosis which gives a Phthisis death rate of 0.59 per 1,000 persons living.

A comparison of the average Phthisis death rate in quinquennial periods since 1881, shows that there has been a definite decrease in the last decade.

Quinquennial Period.	Average Phthisis Death rate.
1881—1885	1.18
1886—1890	1.79
1891—1895	1.83
1896—1900	1.44
1901—1905	1.38
1906—1910	1.08
1911—1915	1.09
1916—1920	0.89
1921—1925	0.74

The following table gives the number of new cases of Tuberculosis notified in the year, together with the deaths, and the age periods.

Tuberculosis.

Age Periods.	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
1—5	—	1	—	—	—	—	1	—
5—10	2	2	1	3	—	—	—	1
10—15	—	—	2	2	—	—	—	—
15—20	—	1	2	2	1	—	—	—
20—25	5	4	—	2	—	3	—	1
25—35	8	7	—	1	2	2	—	—
35—45	5	3	—	—	4	2	1	—
45—55	1	1	1	—	3	1	—	—
55—65	—	—	—	—	1	—	—	—
65 and upwards ...	—	1	—	—	—	—	—	—
Totals ...	21	20	6	10	11	8	2	2

Of the 23 deaths from Tuberculosis 4 or 17.4% were improperly notified i.e. notified after death.

A satisfactory explanation was obtained in each case.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

These Regulations came into force during the year and are framed so as to give power to prevent any person suffering from Tuberculosis of the respiratory tract, from entering upon any employment or occupation in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk.

They also apply to persons already engaged in these specified occupations, and suffering from Tuberculosis of the respiratory tract, such persons not being allowed to continue in that employment.

A copy of these regulations was sent to all milksellers, cowkeepers and dairymen in the Borough.

It has not been found necessary to take any action.

Seven shelters erected in gardens or yards are being occupied by Borough patients, four of these shelters being provided by the Borough Council and three by the County Council.

MATERNITY AND CHILD WELFARE.

The work of the Maternity and Child Welfare Scheme in Shrewsbury is as complete as the financial grant towards this work will allow and its far reaching value cannot be estimated in pounds, shillings and pence. While money is being spent wisely and well in the improvement of the town itself, it seems a great pity that more money than at present, is not also wisely spent on means to improve the physique of the embryonic citizens who will occupy this town in coming generations. The ratepayers of Shrewsbury were called upon for a ¾d. rate during 1925 for Maternity and Child Welfare work which is less than 1/17th of the total expenditure on Public Health administration and 1/100th of the whole Borough rate.

Of all the branches of Public Health work, there is no other that gives so much value for money spent, no other that is so truly economical. The reduction of Infant Mortality though not entirely due to Maternity and Child Welfare work, has been brought about to a large extent by the practical education of mothers in the rearing of infants, and in the care of themselves, through the agency of Health Visitors and Welfare Centres.

This good work must continue and be augmented by a broad and statesmanlike view which looks ahead to the future, by remedying present evils, and by making up for the deficiencies of the past.

A short review of the ramifications of Maternity and Child Welfare will give some illustration to those who are not fully conversant with the actual work done.

Health Visitors and their Work. Two Health Visitors are employed by the Council at a salary of £150 each, and they are responsible for the supervision of all infants and children under school age. Every child that is born in Shrewsbury, not of a well to do family, is visited soon after birth and there are about 600 births a year in the town.

During 1925, out of 579 births, 486 were visited soon after birth. The visit is made in order to give helpful advice on mothercraft, to encourage breast feeding, and to enquire into the family circumstances if extra nourishment for the mother or infant should be necessary. In addition if any form of medical treatment is necessary, arrangements are made to enable such treatment to be obtained without delay, and finally, attendance at the Welfare Centre for further advice is urged.

Besides these first visits, infants under one year of age are revisited frequently as well as older children in the same or other families under the age of five years.

Expectant mothers too are visited and informed about the help and advice that can be obtained by attendance at the Welfare Centre or Ante-natal clinic.

It will be seen therefore that the Health Visitors work is mainly of an educational nature and being so, it is necessary that the person holding such a post should have received a full and adequate training. It is because of the importance of this preliminary training that the Ministry of Health has now recognised Health Visiting as a definite profession, to which admittance in the near future can only be gained by the possession of certain qualifications. To obtain such qualifications entails prolonged general and special training for which eventually an adequate salary must be paid to attract suitable candidates. The present initial salary offered to Health Visitors by the Borough of Shrewsbury is practically equivalent to the yearly wages received by a Corporation labourer, and the rise to the maximum only brings it to the money earned by a junior clerk, or to the commencing salary of a female certificated assistant teacher in an elementary school.

The attached table summarises the Home visits paid by the Health Visitors for the various objects as tabulated.

Visits of Health Visitors, 1925.

	Ante-Natal Visits.	Under 1 year.		1—5 Years Visits.	Infant Death Enquiries.	Still-birth Enquiries.	Home Nursing.	Totals.
		First Visits.	Return Visits.					
January	79	44	386	185	1	1	—	696
February	69	27	375	196	3	2	—	672
March	88	39	405	210	1	—	4	747
April	100	35	248	127	1	1	—	512
May	64	61	441	183	6	3	—	758
June	87	45	285	147	1	—	1	566
July	113	40	354	209	2	1	3	722
August	79	36	288	100	3	1	—	507
September	63	34	257	137	1	—	—	492
October	111	56	525	272	4	2	4	974
November	93	37	374	229	6	1	6	746
December	88	32	315	188	1	1	3	628
Total	1034	486	4253	2183	30	13	21	8020

The method of feeding of infants, as ascertained at the first visits, is indicated below :—

Breast.	Bottle & Breast.	Bottle Fed.	Artificial Food.	Not investigated.	Died before Fed.	Total.
467	27	18	18	*87	11	628

* Of these 46 were born in maternity homes, Salop Infirmary, etc., and live outside town.

Some of the children who were breast fed on the occasion of the first visit had a change of feeding later and the number and length of time breast fed were as follows :—

Total Children observed.	Left after 1st Visit.	2 weeks.	3 weeks.	4 weeks.	5 weeks.	6 weeks.	2 months	3 months	4 months	5 months	6 months & over.
467	27	11	12	13	8	17	18	31	14	21	295

Welfare Centre. Two sessions a week each of two hours duration are held at which the Medical Officer of Health attends together with the Health Visitors and Voluntary Helpers.

It is here that babies are weighed regularly, are seen and examined by the Medical Superintendent, and advice given on infant feeding, personal hygiene and general matters affecting the health of mother and child. The Health Visitor is present to hear what is said, so that when next she visits that house she can see if the advice given is being followed. It is a gratifying feature that mothers are so willing to learn, but it is not surprising, because they would not attend the Centre unless in this frame of mind. The difficulty is to get the ignorant, the careless or the lazy mother to attend, and the only way to counteract this is to carry out more frequent home visiting in these particular cases. The value of personal advice to mothers is very great, because they realise that one is taking a definite interest in their individual case, and the only danger that has to be faced, is that with increasing popularity the numbers attending may become so large that this individual advice cannot be given to as many as require to receive it. At present the clinics are manageable.

The other educational work consists of lectures by the Medical Superintendent on various Health subjects when there is five minutes to spare. A blackboard on which is inscribed some Health slogan or other facts is placed in the main waiting room each week so that everyone can read it and talk about it. Finally, various Health leaflets and literature are sold or given to those who cannot afford to buy.

Sewing classes are held at which mothers are instructed as to the most suitable and hygienic types of clothing for infants and growing children; and since the end of the year fortnightly cooking demonstrations are given, where information is given regarding food values, and the foods and methods of cooking most suitable for young growing children.

Towards the end of the year facilities were provided so that mothers can now buy the best brands of cod liver oil or cod liver oil emulsion, malt extract, virol and dried milk at cost price in small amounts. This has done a great deal of good in helping them to supplement a food supply which may be lacking in certain essentials. Necessitous cases are supplied free through the agency of the School for Mothers' Committee.

Work at Welfare Centre, 1925.

	Under 1 year.	1-5 years.	Expectant Mothers.
New Cases	242	102	102
Old Cases	78	368	17
Total Attendances	1476	2527	213

Milk Grant. Milk is supplied free of charge after careful investigation, in necessitous cases, for Expectant or Nursing Mothers, Infants, and children up to three years of age.

The milk is supplied by a retailer to the Health Department, who obtains it from the Corporation farm. This milk is of very good quality and is under direct supervision and control. It is fetched daily by those to whom it has been granted.

This item of expenditure is the one which gives full value for the money spent, but unfortunately the economy axe has descended on this sapling as the following figures show.

Year.		Money expended on Milk Grants. £	s.	d.
1920	...	852	6	1
1921	...	888	12	6
1922	...	101	5	6
1923	...	61	10	0
1924	...	80	15	0
1925	...	70	3	0

Ante-Natal Clinic. All expectant mothers are invited to attend the Ante-Natal Clinic for an examination as to their general health, and special examinations with regard to their condition.

This Clinic held by Dr. Downer was only started in February, 1924, and is increasing in usefulness gradually as the following attendances show.

	Ante-Natal.	Post Natal.	Total Attendances.
1924 ...	59	1	89
1925 ...	94	8	201

Expectant Mothers are seen by the Medical Surpeintendent on ordinary Welfare days, who gives general advice as to the hygiene of pregnancy, which is also contained in the following leaflet which is given to every expectant mother by the Health Visitors.

BOROUGH OF SHREWSBURY.

ANTE-NATAL CLINIC.

Advice to Expectant Mothers.

Clothing. Don't wear garters or tie up your stockings with string. They help to produce varicose veins of the legs. (Information as to a substitute can be obtained from the Health Visitors).

Corsets if worn at all should be loose, but they are not necessary. When attending for examination at Ante-natal clinic, combinations should not be worn.

Exercise. Pregnancy is not a thing to be ashamed of, so get out in the **fresh** air daily, it will purify your blood which is all the time nourishing the unborn child.

Exercise improves the appetite, strengthens your muscles, and every organ of the body. It is a better tonic than any bottle of medicine.

Rest. Try and get eight hours sleep every night.

Whenever you can during the daytime, lie down flat on a bed or sofa for half an hour. After the midday meal is a good time.

Food. Quantity is not so important as the right kinds of food, therefore don't overfeed yourself, but have regular meals of plain mixed food. Drink plenty of cold water.

You should take milk, cocoa made with milk, fresh vegetables, fruit, meat in moderate amount, cheese, milk puddings, stewed fruit, suet pudding, dripping, fish, porridge and other cereals.

Avoid pickles, sauces, strong tea, alcohol, and rich foods.

Constipation. Eat wholemeal bread instead of white bread. Make fruit juice (recipe can be obtained from Health Visitors). Liquid paraffin may help. Don't take drugs or aperients except on the advice of a doctor.

Care of Teeth. If you have decayed teeth they are poisoning you. You should have them seen to early in pregnancy, there is no danger to you or the child. Dental treatment is provided free for those who cannot afford a dentist.

Care of Breasts. During the latter half of pregnancy the breasts should be washed carefully each day and a little ointment such as lanoline or vaseline should be put on the nipples. Don't put glycerine or spirits on the nipples.

Complications of Pregnancy. You should consult a doctor at once under any of the following circumstances :—

1.—If you have any loss of blood.
2.—If you suffer from excessive sickness or headache.
3.—If you have puffiness of the face or swelling of the legs or private parts.
4.—If you have a discharge or sores of any kind.
5.—If you have varicose veins.
6.—If you suffer from sleeplessness.

Intercourse. It is advisable not to have any intercourse at least during the last month of pregnancy. It may bring on a miscarriage and is a possible cause of puerperal fever.

If you have been examined at the Ante-natal clinic, which you are strongly urged to do, and if you do all these things and can avoid worrying and keep cheerful, your confinement ought to be easy and safe, and you should also be able to do what Nature intended every mother to do, namely, Breast feed your offspring.

A. D. SYMONS, M.D.,
Medical Officer of Health.

Public Health Department,
74, Wyle Cop,
Shrewsbury.

Those expectant mothers for whom it is considered necessary or advisable are asked also to attend the Ante-Natal Clinic held on a different day where a detailed examination is made with a view to preventing any complications of pregnancy or labour. Examinations are also made post-natally to make sure that any damage or displacement as a result of labour can be detected and rectified before the condition has become chronic.

The following table shows the results of the confinements by mothers who were examined at the Ante-Natal Clinic during 1925.

Number of Live Births	66
,, ,, ,, who died soon after birth	4
Still Births	2
Miscarriages	2
No record of Birth	1

There were no deaths in confinement of mothers who had attended the Ante-Natal Clinic.

An analysis of the infantile deaths, still-births and mis-carriages shows the causes of death or failure to produce a living child were beyond the reach of preventive treatment as far as present knowledge goes, except perhaps with regard to cases Nos. 7 and 8. Case No. 7 is nearing the end of her reproductive period, but steps will be taken to try and elucidate the reason, and with regard to case No. 8 it is obvious that she is not fit to bear any more children until her anæmic condition has been cured.

Case.	Age of Mother	Previous Pregnancies.	Date of last attendance at Ante-Natal Clinic.	Date of Birth.	Remarks.
1.	38.	6 children.	31/7/25	1/11/25	Anencephalic monster, died a few hours after birth.
2.	23.	2 stillbirths.	27/3/25	6/7/25	Malformed child, died 5 hours after birth. Mother has Rheumatic Heart disease. Father also has a weak heart.
3.	24.	Nil.	27/2/25	20/4/25	Instrumental delivery. Died of Enteritis at 6 weeks.
4.	26.	1 child (Cæsarean section).	30/1/25	7/5/25	Premature child (7 months). Died 9 hours after birth.
5.	32.	5 children.	1/5/25	19/5/25	Miscarriage.
6.	31.	1 child.	5/6/25	10/6/25	Miscarriage.
7.	43.	7 live children. 1 stillbirth. 2 miscarriages.	30/10/25	1/11/25	Stillbirth.
8.	31.	5 children. 1 stillbirth. 1 miscarriage.	1/3/25	16/3/25	Stillbirth. Mother very anæmic. Treated during pregnancy for anæmia.

Maternity Home. In the light of present day knowledge as to the causes of Maternal mortality arising as a consequence of childbirth, the advantage of a Maternity Home need hardly be stressed, but it would be a considerable asset to this town if it possessed such an Institution of a size capable of accommodating all those expectant mothers who at present owing to overcrowding and poor home conditions, cannot obtain that peace, comfort and attention which every woman who undergoes the pains and perils of childbirth ought to receive.

It is true that only 3 women lost their lives during the year as a result of pregnancy or parturition, and that the average number of such deaths during the last five years has been 2 per annum, but even these might have been saved by skilled attention in clean surroundings.

At present, the need is met to some extent by a small Maternity Home conducted by the Shrewsbury Victoria Nursing Association, to which Borough cases can be admitted on the recommendation of the Medical Officer of Health by payment of £4 4s. 0d. a week some of which is recovered from the patients according to their means.

Thirty-seven cases were admitted during the year which is an increase of six over the previous year, compared with 10 and 9 cases admitted in 1923 and 1922 respectively.

The Maternity Home is well managed and patients are grateful for the kind attention they receive.

Orthopaedic treatment. Children under five years, with orthopædic defects can be admitted for treatment to the Shropshire Orthopædic Hospital on the recommendation of the Maternity and Child Welfare Committee, and 4 cases were so admitted during the year,.—1 case each of Spinal curvature and Congenital dislocation of the hip and 2 cases of Bow legs due to Rickets.

Treatment of Eye, Ear, Nose and Throat conditions.

The Maternity and Child Welfare Committee supply recommendation forms for the treatment of the above conditions at the Eye and Ear Hospital and 20 recommends were given in the course of the year, a considerable number of which were for Squint.

The early treatment of Squint is so important that a special leaflet for the information of parents was drawn up and is given and explained by Health Visitors where necessary.

BOROUGH OF SHREWSBURY.

SQUINT.

If a squint does not receive treatment the child will give up using the squinting eye and the sight of this eye will be lost.

The danger is much greater in an infant or young child.

An infant of one year will become blind in the squinting eye in 3 months, if not treated.

Please remember the following facts :—

1. Children do not grow out of a squint.
2. An eye that is turned is an eye that is not being used.
3. An eye that is not being used is an eye that will soon become almost blind.
4. If you wait to see if the child " grows out of it " it is too late, the damage is done and there is no cure.
5. No child who squints is too young for treatment.
6. A squint in young children can be cured without an operation, and glasses are not always necessary.

Immediately you notice a squint in your child's eye, come for advice to the Public Health Department.

74, Wyle Cop,
Shrewsbury.

A. D. SYMONS, M.D.,
School Medical Officer.

Dental treatment. The School Dentist (Mr. E. W. Hatton Owen, L.D.S.) devotes the part of one session a week to the dental treatment of expectant and nursing mothers who are not in a position to consult a dentist of their own.

It is very difficult to persuade mothers in whom almost without exception, the ravages of dental caries are evident, to accept treatment. They are ignorant of the damage to their own health as well as to their offspring, of a mouth full of decaying teeth, and they appear to consider that this decay is a natural phenomenon, and to resent interference with what they have had with them for most of their lives.

Voluntary Helpers. The Shrewsbury School for Mothers Committee which existed prior to the passing of the Maternity and Child Welfare Act, still carry on their beneficial work and by the collection of voluntary subscriptions, assist to provide various necessaries, when these cannot be supplied from Welfare funds. They also pay for the maintenance and upkeep of Sand gardens in certain districts of the town, which are opened in the month of August for the open air exercise and amusement of toddlers.

Various voluntary helpers assist with the running of the Welfare Centre and are heartily welcomed and appreciated, but there appears to be a dearth of such interested individuals in Shrewsbury and more helpers could be absorbed.

Co-ordination with School Medical Service. The Medical Superintendent of the Welfare Centre being also School Medical Officer, it is possible to keep in touch with children as soon as they reach school age, and arrangements are now in force, so that the health record of children who have attended the Welfare Centres or have been visited by Health Visitors at home, are transferred to the School Medical Inspection Cards.

The Incidence of Infectious Diseases among Parturient Women, Infants and Young Children.

No exact figures of the number of cases of Whooping Cough and Measles are available. Many cases come to the notice of the Health Visitors who carry out home nursing duties in urgent cases. Infants and young children are kept under observation at the Welfare Centre after these two diseases, and milk or cod liver oil is supplied if necessary during the convalescent period.

One infant and 4 young children died as a result of Measles in the year. There were no deaths from Whooping cough.

Epidemic diarrhœa is not experienced, although sporadic cases occur from time to time and there were 6 deaths of children under 2 years from this complaint.

Two cases of puerperal sepsis were notified, one of which was a sapræmia due to adherent placenta, the other being of a mild nature, both patients recovering rapidly. There were two deaths attributed to puerperal sepsis, which were not notified, one being a Shrewsbury woman who died of Eclampsia and Puerperal Septicæmia in another town, the second case dying as a result of Abortion and Septicæmia.

The incidence and disposal of cases of Ophthalmia Neonatorum is set out in the following table.

OPHTHALMIA NEONATORUM.

Cases.			Vision unimpaired.	Vision impaired	Total Blindness.	Deaths
Notified	Treated.					
	At Home.	In Hospital.				
3	—	*3	3	—	—	—

* Two of these were treated as out-patients at Eye Hospital.

ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS, with date of adoption :—

Public Health Acts (Amendment) Act, 1890. Adopted 1908.

Infectious Disease (Prevention) Act, 1890. Adopted 1909.

Public Health Acts (Amendment) Act, 1907. Adopted 1912.

Regulations under the Dairies, Cowsheds and Milkshops Order, 1885. Adopted 1st Feb., 1886.

Byelaws with respect to Slaughterhouses. Adopted 13th Feb., 1888.

Byelaws with respect to Nuisances in the Borough. Adopted 28th Aug., 1905.

Byelaws with respect to Common Lodging Houses. Adopted 13th Aug., 1906.

Byelaws with respect to Public Slaughterhouses. Adopted 16th Oct., 1911.

Byelaws and Amended Byelaws with respect to Public Slaughterhouse. Adopted 26th Nov., 1919.

Byelaws with respect to New Streets and Buildings. Adopted 22nd June, 1877. Revised 9th October, 1923.

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